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**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90013 040 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P92000013453**

1. Corporation Name  
**AEDO ENTERPRISES, INC.**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/17/1992**

4. FEI Number **65-0394680** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **12403 PAMPAS PLACE**

22 City & State 27 **TEMPLE TERRACE, FL**

24 Zip 25 Country 29 **33617** 30 **USA**

9. Name and Address of Current Registered Agent

**HOWARD, ELLEN**  
**2704 BEE RIDGE RD.**  
**SARASOTA, FL 34239**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CÉSAR E. AEDO</b>	1.2 NAME	
STREET ADDRESS	<b>12403 PAMPAS PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISA J. AEDO</b>	2.2 NAME	
STREET ADDRESS	<b>12403 PAMPAS PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISA J. AEDO</b>	3.2 NAME	
STREET ADDRESS	<b>12403 PAMPAS PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CÉSAR E. AEDO</b>	4.2 NAME	
STREET ADDRESS	<b>12403 PAMPAS PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CÉSAR E. AEDO</b>	5.2 NAME	
STREET ADDRESS	<b>12403 PAMPAS PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISA J. AEDO</b>	6.2 NAME	
STREET ADDRESS	<b>12403 PAMPAS PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa J. Aedo* **LISA J. AEDO** 4/26/1999 (813) 988-8171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)