**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000035214

1. Corporation Name

SAAVEDRA ENTERPRISES, INC.

## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90152 026 \*\*\*150.00



								/1991 ((B)) 1911 (B))	
Principal Place of Business Mailing Address					Į.				
8163 DIAMOND COVE CIR. 8163 DIAMOND COVE CIR.									
ORLANDO FL 32836 ORLANDO FL 32836						DO NOT WRITE IN THIS SPACE			
					F	3. Date Incorporated or Qualifed			
						05/10/1994			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	200 0, 200,1000	26				59-3292497		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	5 Additional	
22 27					Ì	5. Certificate of Status Desired	•	Required	
City & State City & State						6. Election Campaign Financing	\$5.0	00 May Be	
23 28		— ·				Trust Fund Contribution	•	ed to Fees	
Zip	Country	Zip	Countr			8. This corporation owes the current year	ar Intangible		
24	25	29 3	0			Personal Property Tax.	Yes	XNo	
	9. Name and Address of Curre		<u>,                                     </u>		<u> </u>	10. Name and Address of New Registe	red Agent		
			81	Name	<del>)</del>	<del>_</del>			
SAA	VEDRA, CESAR A		-	-		(D.O. Barris Mat Assessable)			
8163 DIAMOND COVE CIR. ORLANDO FL 32836			82	Street	t Address	s (P.O. Box Number is Not Acceptable)			
			83	83					
			84	City			FL  85   Z	Zip Code	
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	the abov	e-named	d comora	tion submits this statement for the nurnos	se of changing	its registered	
office or re	egistered agent, or both, in the State	e of Florida. Such change was autl	horized by	the corp	poration's	s board of directors. I hereby accept the a	ppointment as	s registered	
agent. Far	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes	3.				į	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if englished (NOTE: R	enistered Ace	ot signature	required wh	nen reinstatung) DAT	Ē		
12.		ND DIRECTORS	13.	TR digitalians		ADDITIONS/CHANGES TO OFFICER	<del></del>	CTORS IN 12	
TITLE	PTS	DELETE	1.1 TITLE		1		☐ Chan		
NAME	SAAVEDRA, CESAR		1.2 NAME						
STREET ADDRESS	8163 DIAMOND COVE COR.			T ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32836		1.4 CITY-8		1				
TITLE	OILEMBO I E GEGGG	☐ DELETE	2.1 TITLE	11-2.11	1		☐ Chan	ge Addition	
NAME		_	2.2 NAME					_	
!				TADDRESS	ا				
STREET ADDRESS					<b>'</b>			ł	
CITY-ST-ZIP			2. 4 CITY- 3.1 TITLE	SI-ZIP	············		☐ Chan	ge Addition	
TITLE		LJ OCELE						J	
NAME			3.2 NAME	T.4505500					
STREET ADDRESS				T ADDRESS	·				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-ZIP	+		Chan	nge Addition	
TITLE			4.1 TITLE				C Share	a. [],(mangon]	
NAME			4. 2 NAME						
STREET ADDRESS				TADORESS	5			1	
CITY-ST-ZIP		□ DELETE	4.4 CITY-5	T-ZIP	-			go D Addition	
TITLE		☐ DELETE	5.1 TITLE	•	1		Chang	ge Addition	
NAME			5.2 NAME	0	.			İ	
STREET ADDRESS			1	TADDRESS	]			ļ	
CITY-ST-ZIP			5.4 CITY - 9	T-ZIP	1				
TITLE		☐ DELETE	6.1 TITLE				☐ Chan	nge 🗌 Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS	5				
CITY-ST-ZIP	! !		6.4 CITY-5	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: