FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	Name AITH AND GARCIA, INC					
Principal Place	of Business	Mailing Address		DO NOT WRITE IN THIS SPACE		
3200 N.W. 125TH MIAMI FL 33167	STREET	3200 N.W. 125TH STREET MIAMI FL 33167	Г			
				3. Date incorporated or Qualifed 07/06/1981		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2133127		
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5		
Zip	Country	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of C			10. Name and Address of New Registered Agent		
HAME	RSMITH, MINDA		81 Name	ddress /P.O. Box Number is Not Acceptable)		

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90082 049 ***150.00



Applied For

\$8.75 Additional

Fee Required == \$5.00 May Be

Added to Fees

Not Applicable

4	9. Name and Address of Current Re	gistered Agent	11		10. Name and Address of No	ew Registered Agent	
	9. Name and Address of Current No	giotai ou rigeria		81 Nam	e	 -	
HAMERSMITH, MINDA 3200 N.W. 125TH STREET							
				82 Street Address (P.O. Box Number is Not Acceptable)			
	II-FL 33167			83			-
14117-214	11 (12)30,101						
				84 City		FL 85 Zip	Code
					of corporation submits this statement for	r the ourpose of changing it	s registered
	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of F				rporation's board of directors. I hereby a	ccept the appointment as r	egistered
agent. I ar	n familiar with, and accept the obligations	of, Section 607.0505, Fk	orida Stat	utes.			
SIGNATURE						DATE	
	Signature, typed or printed name of registered agent and			Agent signatu	re required when reinstating) ADDITIONS/CHANGES TO		ORS IN 12
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO	☐ Change	
TITLE	D	☐ DELETE	1.1 Ti		•	_ · ·	_
NAME	HAMERSMITH, CHERYL		1.2 N				
STREET ADDRESS	3200 N.W. 125 ST.		1.3 S	REET ADDRE	SS		ļ
CITY-ST-ZIP	MIAMI, FL 33167			TY-ST-ZIP		Change	Addition
TITLE	VO	☐ DELETE	2.1 TI	TLE	4		
NAME	HAMERSMITH, HENRY		2.2 N	AME	·	_	1
STREET ADDRESS	3200 N.W. 125TH ST.		2.3 \$	TREET ADORE	ss		J
CITY-ST-ZIP	MIAMI FL		2.40	ITY-ST-ZIP			- Addison
TITLE	VD	☐ DELETE	3.1 T	TLE		Change	e ☐ Addition
NAME	HAMERSMITH, STEVEN		3.2 N	AME)		1
STREET ADDRESS	3200 N.W. 125TH ST.		3.3 S	TREET ADDRE	ss		ļ
CITY-ST-ZIP	MIAMI FL		3.4. 0	ITY-ST-ZIP			
TITLE	PD	☐ DELETE	4.1 T	TLE		☐ Change	Addition
NAME	HAMERSMITH, JOYCE		4.21	AME	1		ļ
STREET ADDRESS	ACCOUNTS AGETH OT		4.3 S	TREET ADDRE	ss		ļ
CITY-ST-ZIP	MIAMI FL		4.4 0	ITY-ST-ZiP			
TITLE	SD	☐ DELETE	5.1 T	ITLE		☐ Change	e 🗀 Addition
NAME	HAMERSMITH, MINDA		5.2 N	AME	1		
	OOOO NIN TOETH OT		5.3 8	TREET ADDRE	ss		
STREET ADDRESS	MIAMI FL		5.4 0	ITY-ST-ZIP		<u> </u>	
CITY-ST-ZIP TITLE	Print Marie 1 To	☐ DELETE	6.1 T	ITLE		☐ Chango	e Addition
NAME			6.2 N	AME		÷	
			6.3 8	TREET ADDRE	ss		
STREET ADDRESS CITY-ST-ZIP			6.4 0	aTY-ST-ZIP			
	certify that the information supplied with t						

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made their daily 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 Block 12 or Block 13 if changed, or on a nattachment with an address, with all other like empowered.

SIGNATURE

