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

DOCUMENT # G24355

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90014 045 ***150.00

SANTAN	DER ENTERPRISES INC.					,						
Principal Place	of Business	Mai	iling Address		_		1	<u> </u>				
950 E. 4TH AVENUE 950 E. 4TH AVENUE HIALEAH FL 33010-4102 HIALEAH FL 33010-4102								DO NICT INDITE IN	TUIC (20ACE		
							3	DO NOT WRITE IN Date Incorporated or Qualified	THIS	SPACE		
								02/16/1983				Į
2. Principal Pl	ace of Business	2a.	Mailing Address	,	_	*****		FEI Number			App	lied For
21		26				·-··	<u> </u>	59-2259801				Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired		• "	/ 5 Adeq	ditional uired
City & State			City & State				6.	Election Campaign Financing		\$5.	.00 n	Aay Be
23		28						Trust Fund Contribution			ded to	Fees
Zip	Country		Zip	Cour	ntry	'	8.	This corporation owes the current ye		ngible Yes	r	⊒No
24	9. Name and Address of Current	29 Pegist	ered Agent	30			10	Personal Property Tax. Name and Address of New Registe				
	9. Name and Address of Current	regist	eree Agent		81	Name		3				
MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD				}	82 Street Addr			O. Box Number is Not Acceptable)				
SUITE 548				}	83	 			,			
MIAMI FL 33126					<u> </u>				85	Zip Ci		
	to the provisions of Sections 607.0502			i	84] -			FL			
agent. I a	to the provisions of Sections of Newson egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of,	spolicable. (NOTE	: Registered	ites	nt signature required	when re		ĪΕ			
TITLE	PD OFFICERS AND	DIKE	DELETE	13.	LE			ADDITIONS/CHANGES TO OFFICER	O MINI	☐ Cha		Addition
NAME	HERRAN, MANUEL A.			1.2 NA						-		
STREET ADDRESS	8460 SW 5 STREET			1.3 STI	REE1	TADDRESS						
CITY-ST-ZIP	MIAMI FL			1.4 CIT	Y- \$	T- ZIP						
TITLE	VD DELETE		2.1 TIT	2.1 TITLE			-		☐ Cha	nge	☐ Addition	
NAME	GUERRA, ARMANDO J.	·		1	2.2 NAME							ł
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			•				ĺ	
CITY-ST-ZIP	CORAL GABLES FL TD		☐ DELET€	2. 4 CI	_	51-ZIP				Cha	inge	Addition
NAME	HERRAN, JOSE A.		32 NA							_		ĺ
STREET ADDRESS	8455 GRAND CANAL DRIVE			3.3 Sπ	REET	TADDRESS						ĺ
CITY-ST-ZIP			3.4. CF	TY-S	ST-ZIP							
TITLE	SD		☐ DELETE	4,1 TIT	LE					Cha	inge	☐ Addition
NAME	CALLEJA, ANGEL			4. 2 NAME								
STREET ADDRESS	7560 SW 78TH CT.					T ADDRESS						Ì
CITY-ST-ZIP	W. MIAMI FL		T SELECT	4.4 CITY-		T-ZIP				Cha		Addition
TITLE			☐ DELETE	5.1 TIT 5.2 NA							uge	L Addition)
NAME OTTET ADDRESS						TADORESS		•				
STREET ADORESS	·			5.4 CfT		1						}
CITY-ST-ZIP TITLE			DELETE	6.1 TIT		-				Cha	nge	☐ Addition
NAME				6.2 NA	MĘ					_		ł
STREET ADDRESS				6.3 STI	REET	T ADDRESS						
CITY-ST-ZIP				6.4 CIT	7-5	7-Z!P						

14. 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 perporation 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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR