

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90004 021 ***150.00

DOCUMENT # J87196

1. Corporation Name

FARVIEW ENTERPRISES, INC.

Principal Place of Business

7200 N AUGUSTA DR
MIAMI FL 33045

Mailing Address

C/O JULIAN HERNANDEZ
1150 NW 72ND AVE., SUITE 307
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1987

4. FEI Number

59-2842766

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

21 1150 N.W. 72nd Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 Miami, Fl.

24 Zip

33125

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HERNANDEZ, THANIA
7200 N. AUGUSTA DR.
MIAMI FL 33045

10. Name and Address of New Registered Agent

81 Name Katuska Delgado

82 Street Address (P.O. Box Number is Not Acceptable)
10372 S.W. 23rd St.

83

84 City Miami

FL

85 Zip Code
33165

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

Katuska Delgado

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

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

12. OFFICERS AND DIRECTORS

TITLE ~~DPTS~~ ☒ DELETE
NAME ~~HERNANDEZ, THANIA A.~~
STREET ADDRESS ~~7200 N. AUGUSTA DR.~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPTS ☐ Change ☒ Addition
1.2 NAME Katuska Delgado
1.3 STREET ADDRESS 10372 S.W. 23rd St.
1.4 CITY-ST-ZIP Miami, Fl. 33165

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Katuska Delgado* Katuska Delgado 1/10/99 994-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)