

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90015 008 ***158.75

DOCUMENT # P95000015321

1. Entity Name
ANTIQUES INTERNATIONAL, INC.



Principal Place of Business
**4676 S.W. 72ND AVE.
MIAMI, FL 33155**

Mailing Address
**4676 S.W. 72ND AVE.
MIAMI, FL 33155**

44001004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

07282004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0559144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVA, CARLOS M
4676 S.W. 72ND AVENUE
MIAMI, FL 33155**

Name **CABRAL, HUGO C.**
Street Address (P.O. Box Number is Not Acceptable)
6201 SW 85 AVE
MIAMI, FLA
City **FL** Zip Code **33143**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OLIVA, CARLOS M**
STREET ADDRESS **4676 S.W. 72ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete
NAME **CABRAL, HUGO C**
STREET ADDRESS **4676 SW 72ND AVE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2004 322.0276

ATTACHMENT

ANTIQUES INT. INC
4676 SW 7 2 AVE

REF P 95000015321

8/8/2004
44051994

Dear Sir: Terence Scott

As per my conversation with
your dept, I send my check
2519 on March 2/2004 and
same was received by you.

I'm sending a check for
\$158.75, Hoping that you
will pardon the late fee.

Mr Alex, has been fighting
cancer since July 17/2003,
and I'm just trying to
do everything for the Corporation

Sincerely

HUGO C. CABRAL
Cel # 305-322-0276

