FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90050 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATION

	1999		DIVISION OF CO	re-Or	~		_ \		
DOCU	MENT # P95000	04	1776						
SOIL TE	CH OF SOUTH FLORIDA, IN	ic.							
							H MAGNURRI DER SERFEN ORTHE BOUTH GERM ARTHU BERFF EFANDL FRÄH LERST AL		,
	•					_			
Principal Plac	ce of Business	M	tailing Address	-					
14400 N.W. 102ND AVENUE PO BOX 110926									
MIAMI FL 3301	16	н	ALEAH FL 33011				DO NOT WRITE IN THIS SPACE		
:							3. Date Incorporated or Qualifed		7 '
							05/26/1995		4
<u> </u>	Place of Business		Mailing Address				1	Applicable	-
21] Suite, Apt.	# etc	26	Suite, Apt. #, etc.			_	\$8.75 A		1
22	. #, 610.	÷ 27			·		e Codificate of Status Desired	uired	
City_& Sta	ite		City & State				.6. Election Campaign Financing \$5.00	Лау Ве	1
23	<u> </u>	28					Trust Fund Contribution Added to	Fees	4
Zip	Country	Ь	Zip	Cou	intry	,	8. This corporation owes the current year Intangible Personal Property Tax.	□No	
24	g. Name and Address of Current	29	30	1			Personal Property Tax. Li Yes 10. Name and Address of New Registered Agent		┤ ′
	g. Name and Address of Current	Keği	Protect villetin		81	Name	io.		1.
MIJARES, RAMON				82 Street Addr			ress (P.O. Box Number is Not Acceptable)		┪
9995 N.W. 130TH STREET						Succin	doress (P.O. Box number is Not Acceptable)		
HIAI	LEAH GARDENS FL 33016				83				1.
					84	City	■. 85 Zip C	ebo	1 :
						1	FL FL FL FL FL FL FL FL	ogistored	∤ :
11. Pursuant office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 6 f Flori	607.1508, Flonda Statutes, da. Such change was auth	the a orized	bov I by	the corpor	oration submits this statement for the purpose of changing its r on's board of directors. I hereby accept the appointment as reg	stered	!
agent. I a	am familiar with, and accept the obligation	ons of	, Section 607.0505, Florida	Stat	utes				1
SIGNATURE	Signature, typicyloging doll fabryd bi registered agent :	and title	if applicable. (NOTE; Re	gistered	Ager	n signature req	d when reinstating) DATE		1 🚓
12.	OFFICERS AND			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		CR2E034 (11/98)
TITLE	D		☐ DELETE	1.1 TF			☐ Change	Addition	1 =
NAME	MIJARS, RAMON			1.2 N	-				8
STREET ADDRESS	1			i		TADORESS			밁
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		□ DELETE	2.1 TI		T-ZIP	Change	☐ Addition	ᄓ
NAME	MIJARS, LUISA			2.2 N/		[['
STREET ADDRESS				2.3 \$1	REE	T ADDRESS			1
CITY-51-EF	HIALEAH GARDENS FL-33016=			·2-+6	FFY-6	7.7P			-
TITLE			☐ DELETE	3.1 TD	n.E		Change	Addition	[]
NAME	1			32 N					} }
STREET ADDRESS						T ADDRESS	· · · · · · · · · · · · · · · ·		· ·
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	3.4. CI 4.1 TF		37-ZIP	☐ Change	☐ Addition	1
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STREET ADDRESS			•			TADORESS] ;
CITY-ST-ZIP	1 .					T-ZIP			
TITLE	,		☐ DELETE	5.1 TII	ΙŒ		Change	Addition	
NAME				5.2 N					
STREET ADDRESS						ACORESS			;
CITY-ST-ZIP			☐ DELETE	5.4 CF 6.1 TF		1-29	Change	Addition	۱ ا
TITLE	1.		□ nerese	6.2 N/			€ Cloude		
NAME expect appropries	,					T ADORESS	•		1
STREET ADDRESS	21								1
CITY-ST-ZIP				6 4 CF	TY-5	1.54			J

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Flonda 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, Flonda 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:

SIGNATURE REQUIRED

Deta

Daytime Phone #