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 # P95000051768 1. Corporation Name

ASSOCIATES HOLDINGS, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90140 014 ***150.00



Principal Place of Business	Mailing Address				
8620 N W 64TH STREET 14305 SOUTHWEST 57 LANE. U BAY #14 MIAMI FL 33183 MIAMI FL 33166		1	DO NOT WRITE IN THIS SPACE		
US			3. Date Incorporated or Qualifed 07/05/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0591846	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Cou 29 30	untry	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CAZZADO. JR SERGIO E		81 Name			
14305 S W 57TH LANE		82 Street Address (P.O. Box Number is Not Acceptable)			
UNIT 1 MIAMI FL 33166		83			
		84 City	FI	-	
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of F	nd 607.1508, Florida Statutes, the a Florida. Such change was authorized	d by the corporation	ration submits this statement for the purpose on some of directors. I hereby accept the appointment of the purpose of the state of the	of changing its registered ointment as registered	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DTPS	☐ DELETE	1.1 TITLE	Chang					
NAME	SERGIO, CALZADO E JR		1.2 NAME						
STREET ADDRESS	7750 SW 132 PLACE		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL	_	1.4 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Chang	e Addition				
NAME	CALZADO, ELSI C		2.2 NAME						
STREET ADDRESS	7750 SW 132 PLACE		23 STREET ADDRESS						
CITY+ST-ZIP	MIAM! FL		2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE	☐ Chang	e 🔲 Addition				
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP		y ,,				
TITLE		☐ DELETE	4.1 TITLE	☐ Chang	e Addition				
NAME			4. 2 NAME:		ĺ				
STREET ADDRESS			4.3 STREET ADDRESS		}				
City-St-ZiP	·		4.4 CITY-ST-ZIP						
TITLE		□ DELETE	5.1 TITLE	Chang	e 🗌 Addition				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY+ST+ZIP						
TITLE		☐ DELETE	6.1 TITLE	☐ Chang	e 🔲 Addition				
NAME	•		6.2 NAME		Ì				
STREET ADDRESS			6.3 STREET ADDRESS	· • •					
CITY-ST-ZIP			6.4 CITY-ST-ZIP	in Section 110 07/2\(\text{ii}\) Florida Statutes I further certify that the	1.6				

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 informati 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.

NAMEN SIGNING OFFICEROR DIRECTOR