## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTIGENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P950000 79138 CO) V

103rd St

9. Name and Address of Current Registered Agent

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

33016

Suite, Apt. #, etc.

8370 NW

F203

HIALEAH GARDEN

ALFRED'S A.C., INC.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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MOPRE 1

Country

## FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90008 020 \*\*\*550.00

* 5 585952 <sup>5</sup> - 90808 - 20			
DO NOT WRITE IN TH	IIS SPACE		
Date Incorporated or Qualifed 10/16/19	95		
FEI Number	Applied For		
65-0614096	Not Applicable		
Certifcate of Status Desired	\$8.75 Additional Fee Required		
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
This corporation owes the current year	Intangible		
Personal Property Tax.	☐ Yes ☐ No		

81	Name ALFREDO CUETO				
82	Street Address (P.O. Box Number is Not Acceptable)	#1	= 20	)3	
83					
84	City Y P. (S. A. D. C. A. )	EI	85	Zip Code	,

10. Name and Address of New Registered Agent

3.

4.

5.

6.

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 sport of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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SIGNATURE			И		7-1-19	
12.	Signature, Typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		gistered Agent signature 13.	ADDITIONS/CHANGES TO	DATE OFFICERS AND DIRECTOR	RS IN 12
NTLE	PTD	DELETE	1.1 TITLE	President, threas.		Addition
VAME	ALFREDO CUETO		1.2 NAME	1. Sa		
	1725W 6051 #203			8370 NW 1034 5	t #E503	
STREET ADDRESS	1		1.3 STREET ADDRESS	HINCENH GARDEN, F	7 23016	į
OTTY-ST-ZIP	HINLERH FL 33012		1.4 CITY-ST-ZIP	HIACENH GARDEN, F		
TILE	VSD	☐ DELETE	2.1 TITLE		Change	Addition
IAME	Haren Adamczyk		2.2 NAME	ì		
TREET ADDRESS	13531 NO 1251		2.3 STREET ADDRESS			
CITY-ST-ZIP	Plantation, FL		2. 4 CITY-ST-ZIP			
m.E		☐ DELETE	3.1 TITLE		Change	☐ Addition
AME		···	3.2 NAME			<del></del>
TREET ADDRESS		•	3.3 STREET ADDRESS			
ITY-ST-ZIP			3.4. CITY-ST-ZIP			
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AME			4. 2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			ľ
ITY-ST-ZIP			4.4 CITY-ST-ZIP			
TLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
AME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			ĺ
TY-ST-ZIP			5.4 CITY-ST-ZIP			
TLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
AME.			6.2 NAME			}
TREET ADDRESS			6.3 STREET ADDRESS			
TY-ST-ZIP			6.4 CITY-ST-ZIP			ļ

4. 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 a pher like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAVE OF SE

NG OFFICER OR DIRECTOR

7-1-99

Daytime Phone #

CR2E034 (11/98)