## 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 # P98000072989

1. Corporation Name

22ND AVENUE STATION, INC.

Principal Place of Business	Mailing Address
12398 SW 82ND AVE	12398 SW 82ND AVE
MIAMI FL 33156	MIAMI FL 33156

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90169 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					Be Not Wille in This of Not		
				3. Date Incorporated or Qualifed 08/20/1998			
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Af	plied For
21		26				No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> Fee Re	Additional equired
City & Stat		City & State			6 Floring Compaign Figureins		<del>-'</del>
23		28			Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	Country	Zip Country		This corporation owes the current year Intangible			
24	25	29 3	0		Personal Property Tax.	Yes	□N <sub>0</sub>
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Regis	tered Agent	
POT	u MITCHEI W		8	1 Name			(
ROTH, MITCHEL W			8	82 Street Address (P.O. Box Number is Not Acceptable)			
	16459 NE 6TH AVE N MIAMI BEACH FL 33162						
14 141	IAMI DEACTITE 33 TOZ		8	3			ļ
			8	4 City		85 Zip	Code
				ــــــــــــــــــــــــــــــــــــــ		FL   S   Z   P	
office or r	egistered agent, or both, in the State o	f Florida. Such change was auth	norized b	y the corpora	rporation submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered
agent. I a SIGNATURE	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statute	es.			}
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: R	egistered Ag	ent signature requi		ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE	1		Change	☐ Addition \
NAME	FONTECILLA, ISABEL E		1.2 NAME				1
STREET ADDRESS	12398 SW 82ND AVE		1.3 STRE	ET ADDRESS			ì
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-	ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE	1		☐ Change	☐ Addition ☐
NAME	Curlos Fontecilla		2.2 NAME	:			İ
STREET ADDRESS	12398 S.W. 82 nd A		2.3 STRE	ET ADDRESS			}
CITY-ST-ZIP	Miami, Fl., 33	15%	2. 4 CITY	-ST-ZIP			
TΠLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition }
NAME			3.2 NAME	.			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	·		☐ Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS		•	4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	<b>!</b>			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	<u>L </u>	·_	5.4 C/TY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	<u> </u>			}
STREET ADDRESS			6.3 STRE	ET ADORESS			ļ
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
44	att the sales in the sales are still a sales	41.0 61: do oo de oo dit 6 . 60 m 41		<del></del>	Castian 110 07(3)(i) Florida Statutos I fuel	7.00	

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 informational 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 managed, or on an attach pent with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: