

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V16819 (7)

1. Corporation Name
421 NW 12TH STREET, INC.

Principal Place of Business: **421 NW 12 ST HOMESTEAD FL 33030**

Mailing Address: **PO BOX 901450 HOMESTEAD FL 33090 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **421 N.W. 12th St.**

2a. Mailing Address: **P.O. Box 901450**

23. City & State: **Homestead, Florida**

28. City & State: **Homestead, Florida**

24. Zip: **33030**

25. Country: **Dade**

29. Zip: **33090**

30. Country: **Dade**

3. Date Incorporated or Qualified: **02/26/1992**

4. FEI Number: **65-0315007**

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

GUTIERREZ, VICTOR
421 NW 12 ST
HOMESTEAD FL 33030

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

10. Name and Address of New Registered Agent

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's board of directors. I hereby accept the appointment 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	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, VICTOR	12 NAME	
STREET ADDRESS	421 NW 12 ST	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, FRANCISCO	22 NAME	
STREET ADDRESS	421 NW 12 ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, FLORENCE S.	32 NAME	
STREET ADDRESS	421 NW 12 ST	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, EDWINA R.	42 NAME	
STREET ADDRESS	421 NW 12 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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1/20/98 305-248-2303

14. 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.

SIGNATURE: *[Signature]* 1/2/98 305-248-2303

CR2E034 (10/97)