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

0124793

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90108 020 ***150.00

DOCUMENT # L22849

1. Corporation Name

291 CORPORATION

Principal Place of Business	Mailing Address
% JUAN J. CHIRINO 267 WEST 28TH STREET HIALEAH FL 33010	% JUAN J. CHIRINO 267 WEST 28TH STREET HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **10/16/1989**		

2. Principal Place of Business **21**	2a. Mailing Address **26**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**
City & State **23**	City & State **28**
Zip **24**	Country **25**	Zip **29**	Country **30**

4. FEI Number **65-0152502**	Applied For / Not Applicable

5. Certifcate of Status Desired ☐   **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.   ☒ Yes   ☐ No

9. Name and Address of Current Registered Agent

CHIRINO, JUAN J.
267 WEST 28TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City FL	85	Zip Code

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 _____

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	CHIRINO, JUAN J.		1.2 NAME			
STREET ADDRESS	4197 WEST 10TH AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	SILVA, ALBERTO		2.2 NAME			
STREET ADDRESS	7227 SW 113TH CT		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	HERNANDEZ, ANA		3.2 NAME			
STREET ADDRESS	11234 SW 189 LN		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	LUIS F. CHIRINO		4.2 NAME			
STREET ADDRESS	4197 WEST 10TH AVE.		4.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: _____   03 03 99   3 ___ ___ ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #