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 # P98000091568

1. Corporation Name

STEPHGAB MANAGEMENT, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90029 017 ***150.00

Principal Place	e of Business	Mailing Address			1			
7521 SW 92ND COURT 7521 SW 92ND COURT MIAMI FL 33173 MIAMI FL 33173								
					DO MOTIM	OITE IN TUIC	CDACE	
					3. Date Incorporated or Qualif	RITE IN THIS	STACE	
					10/28/1998	ou .		
a Principal D	tace of Business	. 2a. Mailing Address		_	4. FEI Number		Δn	plied For
	2/SW 92 CA	7521 SW	97	c+	65-087303	4	<u> </u>	t Applicable
21 / Suite Ant		Suite, Apt. #, etc	12	<u></u>			\$8.75	
					5. Certificate of Status Desired	*****	Fee Re	
City & State	- /	City & State			6. Election Campaign Financia		\$5.00	May Ro
23 MiAMi F 28 NiAMi F			FI		Trust Fund Contribution	'9 🗆	Added i	
Zip	Country	Zip	Country		8. This corporation owes the d	current year Int	angible	
24 331	73 25 Dade	29 33/73 30	$\int \Omega_{i}$	de	Personal Property Tax.	onom your m	☐Yes	□No
24 0 -	9 Name and Address of Current		1000	<u> </u>	10. Name and Address of Ne	w Registered	Agent	
			81	Name				
FREI	ire, santiago j		82	<u> </u>	/DO Do No book Not Appe	ntoble)		
7521	7521 SW 92ND COURT				dress (P.O. Box Number is Not Acce	:ptable)		
MAIM	MI FL 33173		83					 -
•			84	City			85 Zip (Code
						FL	<u> </u>	
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such change was autho	Drized by	the corpora	tion's board of directors. I hereby ac	cept the appoi	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Ager	t signature requi	ired when reinstating)	DATE		
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE		Treasure		☐ Change	Addition
NAME	FREIRE, SANTIAGO J		1.2 NAME		Gabriel J. Fre			
STREET ADDRESS	7521 SW 92ND COURT	i	1.3 STREE	ADDRESS	7521 S.W. 92 C	ourt		
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-S	-ZIP	Miami, Fl 3317	3		
TITLE-	VPD	☐ DELETE	2.1 TITLE		Secretary		Change	Addition
NAME	FREIRE, ANA MARIA		2.2 NAME		Stephanie A. F	reire		
STREET ADDRESS	7521 SW 92ND COURT		2.3 STREE	ADDRESS	7521 S.W. 92 C	ourt		
CITY-ST-ZIP	MIAMI FL 33173		-2-4 CITY-8	T-ZIP	Miami, F1 3317			
TITLE		☐ DELETE	3.1 TITLE		11201117	,	Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			_	
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-zip				
TITLE		☐ DELETE	5.1 TITLE			-	☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
	· ·		5.4 CITY-S	r-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			-	☐ Change	☐ Addition
NAME	}		6.2 NAME					_
!	į			ADDRESS				
STREET ADDRESS	1							

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: