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PROFIT CORPORATION ANNUAL REPORT

1999

93RD AVENUE CORPORATION

DOCUMENT #



M52838

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

May 08, 1999 8:00 am Secretary of State

05-08-1999 90075 046 ***150.00

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Mailing Address Principal Place of Business 9300 N W 25 STREET 9300 N W 25 SHREET STE 211 STE 211 DO NOT WRITE IN THIS SPACE **MIAMI FL 33172** MIAMI FL 33172 3. Date Incorporated or Qualifed US US 05/28/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-2835829 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **ESCRIBANO, EDUARDO** 82 Street Address (P.O. Box Number is Not Acceptable) 9300 N.W. 25TH ST. **SUITE 211** 83 **MIAMI FL 33172** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.150. 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. Supply angel 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 307.05(b) Florida Statutes. Signature, typed or printed name of registered agent and title if appli ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTOR 12. 13. 1.1 TITLE TITLE NAME ESCRIBANO, EDUARDO 1.2 NAME STREET ADDRESS 9300 N.W. 25TH ST. #211 1.3 STREET ADDRESS MIAMI FL 33172 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE VSD 2.2 NAME NAME FERRERA, ANDREW S. 2.3 STREET ADDRESS STREET ADDRESS 9300 N.W. 25TH ST. #211 **MIAMI FL 33172** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE ☐ Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZiP CITY-ST-ZIP Addition DELETE 51 T/ITE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change 6.1 TITLE ☐ Addition TITLE □ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption state 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 senature 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 is required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empo

SIGNATURE

CR2E034 (11/98)