

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

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90007 008 ***150.00

DOCUMENT # P97000052649

1. Corporation Name

LAKERS OF MIAMI, INC.

Principal Place of Business

Mailing Address

168 S.E. 1st street

SUITE: 703

MIAMI - FL - 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JUNE 13, 1997

2. Principal Place of Business

2a. Mailing Address

21 168 SE 1st street

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE: 703

City & State

City & State

23 MIAMI - FL

Zip Country

Zip Country

24 33131 25 U.S.A

29 30

4. FEI Number

650770234

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEOPOLDO GOMES

245 S.E. 1st street #402

MIAMI - FL - 33141

81 Name

PEDRO J. VALENTIN

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

33100 S.W. 92 AVE #C 404

83

84 City

MIAMI - FL

FL

85 Zip Code

33176

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 *Pedro J. Valentin*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/04/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jayne E Santos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAYNE E SANTOS - Pres.

Date

6/4/99

Daytime Phone #

305-379-1112

CR2E034 (11/98)

997000052649
579111-90007-8

MIAMI, APRIL 14 - 1999

LAKERS OF MIAMI, INC.
168 S. E 1ST STREET SUITE# 1000 703
MIAMI, FLORIDA - U. S.A - 33.131
PHONE: 305-379-1112/305-867-8892

TO:
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O BOX 6327
TALLAHASSEE, FLORIDA - 32314-6327

DEAR SIRs.:

I DID NOT RECEIVE THE ANUAL REPORTING.
I'M SENDING TO YOU THE ANUAL REPORTING AND THE CHECK FOR \$150.00.
I'M SORRY TO SEND THIS CHECK TO WEEKS LATE, BECAUSE AS YOU CAN SEE ABOVE IN MY
LETTER HEAD, I CHANGE TO IN NEW ADRESS.
THANK YOU FOR UNDESTANDING THIS LETTER VERY IMPORTANT MATTER OF THE
CHANGE OF MY NEW ADRESS.

SINCERILY YOURS,



JAYME SANTOS
PRESIDENT