## 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 #	446636
1 Comoration Name	

GAROSASI, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

699 E. OKEECHOBEE ROAD HIALEAH FL 33010-5696

Suite, Apt. #, etc.

City & State

22

Principal Place of Business

699 E. OKEECHOBEE ROAD HIALEAH FL 33010-5696



П

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

02/20/1974

59-1447785

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28				Trust Fund Co	ontribution	Added t	o Fees
Zip	Country	Zip	Zip Country			8. This corporati	on owes the curren	· <u>-</u>	_
24	25	29	30	1		Personal Prop		☐ Yes	□No
	9. Name and Address of Current	Registered Ager	nt			10. Name and A	ddress of New Re	gistered Agent	
	200157 100521114			81	Name				
	RIGUEZ, JOSEPH M.			82	Street Add	ress (P.O. Box Numb	er is Not Acceptable	e)	
	S.W. 27TH AVENUE				Quioti rida			·	
MIAI	MI FL 33135			83					
				84	O:4 :			85 Zip (	nde.
				64	City			FL S	5000
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State orm familiar with, and accept the obligation	f Florida. Such ch	ance was autho	orized by i	the corporati	poration submits this ion's board of director	statement for the pures. I hereby accept t	rpose of changing its the appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Reg	gistered Agen	t signature require	ed when reinstating)		DATE	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
12.	OFFICERS AND			13.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTO	
TITLE	TD		DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	GARCIA, MANUEL			1.2 NAME					
STREET ADDRESS	1250 SW 27TH AVE			1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000			1.4 CITY-\$1	T-ZIP				
TITLE	SD		DELETE	2.1 TITLE				Change	☐ Addition
NAME	RODRIGUEZ, JOSEPH M			2.2 NAME					
STREET ADDRESS	1250 SW 27TH AVE			2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			2.4 CITY-S	T-ZIP				
TITLE	P		DELETE	3.1 TITLE				Change	Addition
NAME	SACRE, JULIETA			3.2 NAME					
STREET ADDRESS	699 E OKEECHOBBEE RD			3.3 STREET	ADDRESS				
CITY-ST-ZIP	HIALEAH FL			3.4, CITY-S	T-ZIP		_		
TITLE			DELETE	4.1 TITLE				Change	☐ Addition
NAME				4. 2 NAME	1				
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CiTY-S1	T-ZiP				
TITLE			DELETE	5.1 TITLE			-	Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	FADDRESS				
CITY-ST-ZIP				5.4 CITY-S1	T-ZIP				-
TITLE			DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME		_		6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-7IP	1			6.4 C/TY-ST					
CHY.SI.ZIP	1				1				

14. 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:**