FILED

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90048 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999	DIVISION OF CORPORATIONS				02-21-1999 90048 039 ***150.00			
DOCU 1. Corporatio	MENT # 456028	1							
	<u> </u>								
Principal Plac	e of Business	Mailing Address					SAL OLOU ALBIT BION D		
550 W 84TH S	т	550 W 84TH ST							
HIALEAH FL 33	014-3616	HIALEAH FL 33014-3616							
US		US				DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed			
2 Principal D	lace of Business	2a. Mailing Address				07/30/1974 4. FEI Number	· · · · · · · · · · · · · · · · · · ·	_U_ J F	
— ·	ace of business	<u> </u>				59-1552708		plied For t Applicable	
21 Suite, Apt.	#: elc	26 Suite, Apt. #, etc.		-			\$8.75.A		
22	,, oto.	27				5. Certificate of Status Desired	Fee Re		
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added t	•	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year	Intangible		
24	25	29 3	ō			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registers	ad Agent		
CAD	CIA, CARLOS			B1	Name				
	N.W. 32ND AVE.		l l	B2	Street Add	Iress (P.O. Box Number is Not Acceptable)			
							·		
MIAN	MI FL		{	83					
			-	84	City		. 85 Zip C	Code	
					-		L		
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was aut	, the abo	ove-r by th	named corp e corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as rec	registered gistered	
•	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statut	es.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered A	gent si	ignature require	ed when reinstating) DATE	 		
12.		ID DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1,1 TITL	E		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME	GARCIA, CARLOS		1.2 NAM	E	}				
STREET ADDRESS	510 N.W. 32ND AVENUE		1.3 STR	EET AL	DDRESS	•			
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-Z	gP P				
TITLE	SD	☐ DELETE	2.1 TITLE				🔀 Change	☐ Addition	
NAME	Gonzalez, Dario		2.2 NAME		G	ONZALEZ, PARIO			
STREET ADDRESS	8180 N.W. 103RD STREET		2.3 STREET ADDR		DORESS 7 8	65 BRICKELL-AVE. APT	·#708 -		
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-ST-2		_{ZIP} M I	AMI, FL			
TITLE	VD	☐ DELETE	3.1 TITU	E	-		Change	Addition	
NAME	PAGE, ROBERTO		3.2 NAME		P	AGE, ROBERTO			
STREET ADDRESS	8180 N.W. 103RD STREET		3.3 STREET		DORESS 5	O WEST 84th STREET ALEAH, FL	•		
CITY-ST-ZIP	HIALEAH FL				ZIP T	ALEAN, FL			
TITLE	TD	☐ OELETE	4.1 TITL				Change	☐ Addition	
NAME	MORENO, JOSE A		4. 2 NAN						
STREET ADDRESS	17200 N.W. 86 AVENUE		4.3 STRI						
CITY-ST-ZIP	HIALEAH FL	Clocustr	4.4 CITY		IP .		Tri ou		
TITLE	D D	☐ DELETE	5.1 TITLI 5.2 NAM		P	AGE, JOSE	🔀 Change	☐ Addition	
NAME	PAGE, JOSE		5.2 NAM			O WEST 84th STREET,			
STREET ADDRESS	8180 N.W. 103RD STREET HIALEAH FL		5.4 CITY			ALEAH, FL			
CITY-ST-ZIP TITLE	IN SELFICIE	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
			-		1				

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)