Applied For Not Applicable

\$8.75 Additional

## 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 # 469634

ELOY VAZ	Name ZQUEZ AND ASSOCIAT	es, inc.			
Principal Place	of Business	Mailing Address		( idaliti elain i	
3430 EAST 1ST AVE. HIALEAH FL 33013		3430 EAST 1ST AVE. HIALEAH FL 33013			
				3. Date Incorporate 03/19/1975	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		<u>59-1579316</u>	
Suite, Apt. #	, etc.	Suite, Apt. #	ŧ, etc.	5. Certifcate of Sta	
City & State		City & State		6. Election Campa	
23		28		Trust Fund Con	
Zip	Country 25	Zip	Country 30	8. This corporation Personal Prope	
	1		· · · · · · · · · · · · · · · · · · ·	40. Name and Ade	

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90019 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE orporated or Qualifed

City & State  Country  Zip  Country  Zip  Country  Signature, typed or printed name of registered agent and title if applicable.  City & State  Country  8. This corporation owes the current year Intangible Personal Property Tax. Yes  Name  Personal Property Tax. Yes  Name  Street Address of New Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  14. City  FL  85 Zip Code  15. City  FL  86 Zip Code  16. Election Campaign Financing Personal Property Tax. Yes  Election Campaign Financing Added to Ferson. Added to	o stered
Trust Fund Contribution Added to Ference Superior Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 1	o stered red
Zip Country  Zip Country  24	stered red
9. Name and Address of Current Registered Agent  VAZQUEZ, ELOY 3430 E 1ST AVE HIALEAH FL 33013  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change In Ch	stered red
VAZQUEZ, ELOY 3430 E 1ST AVE HIALEAH FL 33013  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS I  Change III.	stered red
VAZQUEZ, ELOY 3430 E 1ST AVE HIALEAH FL 33013  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS	stered red
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Change Change	N 12
DELETE 11771F	
TITLE PD C. DELETE 1.1TITLE	Addition
NAME VAZQUEZ, ELOY 1.2 NAME	
STREET ADDRESS 3430 E 1ST AVE 1.3 STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL 1.4 CITY-ST-ZIP	
TITLE TD DELETE 2.1 TTLE Change	] Addition
NAME VAZQUEZ, JORGE E 22 NAME	!
STREET ADDRESS 3430 E 1ST AVE 2.3 STREET ADDRESS	
CITY ST. ZIP HIAI FAH FL	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
ALOTY OF TIP	
	Addition
NAME 5.2 NAME	
STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
6A CITY_ST_7IP	
14. Thereby 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	nation

Il report is true and accurate and that my signature shall have the same legal effect as it made under some and frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered. officer or director of the corporation or the receiver or truste Block 12 or Block 13 if changed, or on an attachment with a

SIGNATURE: