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 # 527029

1. Corporation Name

COLONIAL CLEANERS INC

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90003 046 ***150.00

COLOIN	AL OLLANGIIO, IIIO.								
Principal Place	e of Business	Mailing Address	_				9 (1818)8() (18)(#1811 B1811 W1811	01011 01011 1001
9595 S.W. 1601 MIAMI FL 3315		9595 S.W. 160TH ST MIAMI FL 33157	REET						
)	,	Million . E 00.0.				DO NOT W	RITE IN THE	S SPACE	
						3. Date Incorporated or Qualif 02/28/1977	ed		
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>			4. FEI Number	_	TA	pplied For
21		26	26			59-1734279		N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional
22		27	27			5. Certificate of Status Desired		Fee R	equired
City & State		City & State	City & State			6. Election Campaign Financi	^{ng} □		May Be
23		28	28			Trust Fund Contribution		Added	to Fees
(Zip	Country	Zip		untry		8. This corporation owes the o	urrent year li		
24	25	29	30			Personal Property Tax.	. D	Yes	□No
	9. Name and Address of	Current Registered Agent	_	81	Name	10. Name and Address of Ne	v Kegistered	Agent	
CAN	ABRIA, JOSE A.			"	Name				
	12 SW 82ND CT.			82	Street Ac	dress (P.O. Box Number is Not Acce	ptable)		
	VI FL 33157								
i ivii/u	111 I L 30137			83					1
				84	City			85 Zip	Code
1			~	4 1		لعمل بيناهي وليست بيان با	FI		intered
<u> </u>								or changing it	s registered
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida	Statutes, the a	above-	-named co he corpora	orporation submits this statement for t ation's board of directors. I hereby ac	cept the appoint	ointment as r	egistered
11. Pursuant office or r agent, I a	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	07.0502 and 607.1508, Florida State of Florida. Such change obligations of, Section 607.050	Statutes, the a was authorize 5, Florida Sta	above d by t tutes.	-named co he corpora	orporation submits this statement for ation's board of directors. I hereby ac	cept the appo	ointment as r	egistered
11. Pursuant office or r agent. I a	m familiar with, and accept the	congations of, Section 607.050	o, rionua sia					ointment as n	egistered
agent, I a	m familiar with, and accept the	ered agent and title if applicable.	(NOTE: Registere	d Agent		uired when reinstating)	DATE		
agent, I a SIGNATURE 12.	Signature, typed or printed name of regist OFFICE	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere	d Agent			DATE	ND DIRECT	
SIGNATURE 12. TITLE	Signature, typed or printed name of regist OFFICE VPS	ered agent and title if applicable.	(NOTE: Registere	d Agent		uired when reinstating)	DATE		ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13.	d Agent	signature requ	uired when reinstating)	DATE	ND DIRECT	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13. TE 1.17 1.2 N	ITLE VAME	signature requ	uired when reinstating)	DATE	ND DIRECT	ORS IN 12
agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13. TE 1.1 T 1.2 N 1.3 S 1.4 C	Iddes. Id Agent ITTLE NAME STREET /	signature requ	uired when reinstating)	DATE	ND DIRECT	ORS IN 12
agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13. TE 1.1 T 1.2 N 1.3 S 1.4 C 1.1 T 2.1 T 1.1 T 1.2 N 1.3 S 1.4 C 1.1 T 1.4 C 1.1 T 1.3 S 1.4 C 1.1 T	ITTLE NAME STREET /	signature requ	uired when reinstating)	DATE	ND DIRECT	ORS IN 12
agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13. TE 1.1.1 1.2.N 1.3.S 1.4.C 2.1.TE 2.1.T	NAME OTTLE VAME OTTY-ST- OTTLE VAME	signature required and	uired when reinstating)	DATE	ND DIRECT	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13. TE 1.1 T 1.2 N 1.3 S 1.4 C TTE 2.1 T 2.2 N 2.3 S	INTLE VAME STREET / STREET / STREET /	ADDRESS -ZIP ADDRESS	uired when reinstating)	DATE	ND DIRECT	ORS IN 12
agent, Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Registere 13. TE 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S	Ad Agent TITLE WAME STREET / TITLE WAME STREET / CITY-ST- TITLE WAME STREET / CITY-ST	ADDRESS -ZIP ADDRESS	uired when reinstating)	DATE	Change	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13. TE 1.1 T 1.2 N 1.3 S 1.4 C TE 2.1 T 2.2 N 2.3 S	Ad Agent TITLE WAME STREET / STREET / STREET / STREET / CITY-ST	ADDRESS -ZIP ADDRESS	uired when reinstating)	DATE	ND DIRECT	ORS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Registere 13. TE 1.17 1.2N 1.3S 1.4C TE 2.17 2.2N 2.3S 2.4(TE 3.17 3.2N	AND AGENT AND AGENT AND AGENT	ADDRESS -ZIP -ZIP	uired when reinstating)	DATE	Change	ORS IN 12 Addition Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Registers 13. 11. 12. 13. 14.0 17. 22. 23. 24.1 17. 32. 33.8	NAME STREET /	ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	Change	ORS IN 12 Addition Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Registere 13. TE 1.17 1.2N 1.3 \$ 1.4C 2.17 2.2N 2.38	Ad Agent TITLE VAME STREET / CITY-ST- TITLE VAME STREET / CITY-ST TITLE VAME STREET / CITY-ST	ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	Change	ORS IN 12 Addition Addition
agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Registere 13. TE 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S	INTLE VAME STREET /	ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	Change	ORS IN 12 Addition Addition
agent, I a SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Registere 13. TE 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.44 3.17 3.2N 3.3S 3.4. TE 4.17 4.21	INTLE VAME STREET / STR	ADDRESS -ZIP -ADDRESS -ZIP	uired when reinstating)	DATE	Change	ORS IN 12 Addition Addition
AGENT. I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Registere 13. TE 1.1.1 1.2.N 1.3.S 1.4.C 2.1.T 2.2.N 2.3.S 2.4.4 3.3.S 3.4.1 TE 4.1.1 4.2.1 4.3.S	INTERPORTED IN THE INTERPORT IN THE INTERPORT	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	uired when reinstating)	DATE	Change	ORS IN 12 Addition Addition
agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE DELE	(NOTE: Registere (NOTE:	INTES. INTES. INTES. INTEST / STREET / INTEST / STREET / INTEST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	uired when reinstating)	DATE	Change	ORS IN 12 Addition Addition
AGENT. I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE	(NOTE: Registere (NOTE:	INTERPORTED IN THE INTERPORT IN THE INTERPORT	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	uired when reinstating)	DATE	Change	DRS IN 12 Addition Addition Addition
AGENT. I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE DELE	(NOTE: Registere 13. 13. 14. 13. 14. 13. 14. 13. 14. 14. 14. 15. 14. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	INTES. INTES. INTESTIFLE VAME STREET / ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	uired when reinstating)	DATE	Change	DRS IN 12 Addition Addition Addition
AGENT. 1 A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE DELE	(NOTE: Registere 13. 13. 14. 13. 14. 14. 14. 14. 14. 15. 14. 15. 14. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	INTES. INTES. INTESTIFLE VAME STREET / ST	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	uired when reinstating)	DATE	Change	DRS IN 12 Addition Addition Addition
AGENT. 1 A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE DELE	(NOTE: Registere 13. 14. 13. 14. 14. 14. 14. 14. 15. 14. 15. 14. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	INTERPORTED TO THE CONTY-ST- TITLE VAME STREET // TITLE VAME STREET // TITLE VAME STREET // TITLE VAME STREET //	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	uired when reinstating)	DATE	Change	DRS IN 12 Addition Addition Addition
AGENT. 1 A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE DELE DELE	(NOTE: Registere 13. 13. 14. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	INTES. INTES.	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	uired when reinstating)	DATE	Change Change Change	ORS IN 12 Addition Addition Addition
AGENT. 1 A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regist OFFICE VPS SANABRIA, EVA 16942 S W 82 CT MIAMI, FL 33157 P SANABRIA, JOSE A 16942 S W 82 CT	ered agent and title if applicable. RS AND DIRECTORS DELE DELE DELE	(NOTE: Registere 13. 13. 14. 13. 14. 13. 14. 13. 14. 14. 14. 15. 14. 15. 14. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	INTESTITLE VAME STREET /	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	uired when reinstating)	DATE	Change Change Change	ORS IN 12 Addition Addition Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR