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Secretary of State

03-09-1999 90070 040 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 534892

1. Corporation Name

MIAMI FIELD SERVICE, INC.

Principal Place of Business

7321 NW 46 ST.
MIAMI FL 33166

Mailing Address

7321 NW 46 ST.
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1977

4. FEI Number

59-1747008

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

2. Principal Place of Business

21 2323 N.W. 82ND AVENUE

Suite, Apt. #, etc.

22
City & State

23 MIAMI, FLORIDA

Zip Country

24 33122-1512 25 MIAMI-DADE

2a. Mailing Address

26 2323 N.W. 82ND AVENUE

Suite, Apt. #, etc.

27
City & State

28 MIAMI, FLORIDA

Zip Country

29 33122-1512 30 MIAMI-DADE

9. Name and Address of Current Registered Agent

MEDRANO, RAFAEL
7321 N.W. 46TH STREET
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2323 N.W. 82ND AVENUE

83

84 City
MIAMI, FLORIDA

FL

85 Zip Code
33122-1512

10. Name and Address of New Registered Agent

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

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

RAFAEL MEDRANO

02/24/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MEDRANO, RAFAEL**
STREET ADDRESS **4721 S. W. 89TH WAY**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☒ DELETE
NAME **MEDRANO, RALPH A.**
STREET ADDRESS **11491 S.W. 200TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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:

Rafael Medrano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL MEDRANO

02/24/99

(305) 591-9806

Date

Daytime Phone #

CR2E034 (11/98)