

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90143 005 \*\*\*150.00



**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT #** 546694  
 1. Corporation Name  
 JOAQUIN SHELBY AGUIRRE INC

Principal Place of Business Mailing Address  
 10361 S.W. 20 St  
 Miami, FL, 33165

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
 8-18-77

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

4. FEI Number Applied For  
 59-1763318 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

9. Name and Address of Current Registered Agent  
 Joaquin Shelby Aguirre  
 10361 S.W. 20 St  
 Miami, FL, 33165

10. Name and Address of New Registered Agent  
 81 Name  
 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 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 Signature, typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | PSTD <input type="checkbox"/> DELETE |
| NAME           | Joaquin Shelby Aguirre               |
| STREET ADDRESS | 10361 S.W. 20 St                     |
| CITY-ST-ZIP    | Miami, FL, 33165                     |
| TITLE          | <input type="checkbox"/> DELETE      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> DELETE      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> DELETE      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> DELETE      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 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 by an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4-13-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)