

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90188 015 ***150.00

DOCUMENT # 554844

1. Corporation Name
MAYLIN BROTHERS INC.

Principal Place of Business
7815 W 4TH AVENUE
HIALEAH FL 33014

Mailing Address
7815 W 4TH AVENUE
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1977

4. FEI Number

59-1780662

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHAVEZ, JOSE E.
19580 N. W. 88 AVENUE
MIAMI, FL 33015

10. Name and Address of New Registered Agent

81 Name

Isabel Chavez

82 Street Address (P.O. Box Number is Not Acceptable)

16423 Segovia Circle South

83

84 City

Pembroke Pines

FL

85 Zip Code

33331

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

Maylin Gonzalez - Vice President

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME CHAVEZ, ISABEL
STREET ADDRESS 16563 SEQUOIA CIR SO
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VPT ☐ DELETE
NAME GONZALEZ, MAYLIN
STREET ADDRESS 16423 SEGOCIA CIR SO
CITY-ST-ZIP PEMBROKE PINES FL 33331

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 President ☒ Change ☐ Addition
1.2 NAME Chavez, Isabel
1.3 STREET ADDRESS 16563 Segovia Circle South
1.4 CITY-ST-ZIP Pembroke Pines, FL 33331

2.1 TITLE V-President ☒ Change ☐ Addition
2.2 NAME Gonzalez, Maylin
2.3 STREET ADDRESS 16423 Segovia Circle South
2.4 CITY-ST-ZIP Pembroke Pines, FL 33331

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

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

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

6.1 TITLE ☐ Change ☐ 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, or in an attachment with an address, with all other like empowered.

SIGNATURE:

Maylin Gonzalez - Vice President

4/26/99

(305) 833-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0131335