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Jan 29, 1999 8:00am

Secretary of State

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

PRÓFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

				01-29-1999 90011 021 ***	*150.00
DOCUI	MENT # 587773				
1. Corporation	n Name				
SPOT C	OOLERS OF MIAMI INC.				
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Principal Place	e of Business	Mailing Address			••
12019 SW 114		P. O. BOX 43-0874			
MIAMI FL 3317	6	MIAMI FL 33243-7874		DO NOT WRITE I	N THIS SPACE
US		US .		3. Date Incorporated or Qualifed	THIS GIAGE
				·	
				09/27/1978	
2. Principal P	lace of Business	2a, Mailing Address	•	4. FEI Number	Applied For
21		26		59-1853124	Not Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27	1.00		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	, i to to	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regi	stered Agent .
	1100000 HOW		81 Name		·
	MCCORMICK		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
) RED RD #203		-		The second secon
SM	IAMI FL 33143		83		C14 25 编号: 编句: 编
137			84 City		85 Zip Code
			84 City	•	FL S Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purp	pose of changing its registered
office or r	egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was a	uthorized by the corporate	on's board of directors. I hereby accept the	e appointment as registered
t∉. agent. i a	ım tamıllar witn, and accept the obligat	dons of, Section 607.0303, Flor	iva Statutes.		i
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating):	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	7. 3.20	☐ Change ☐ Addition
NAME	HARDEN, ROBERT G.		1.2 NAME	4.2.4.*	
	7200 SW 62 ST		1,3 STREET ADDRESS		ļ
STREET ADDRESS	I			•	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	SD	, O DELETE			C onclude C includer
NAME	HARDEN, IRMA		2.2 NAME		•
STREET ADDRESS	7200 SW 62 ST		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE AND T	The state of the second	☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME (T			3.2 NAME	• .	
STREET ADDRESS	TM 保守 は きむす A D T A T T T T T T T T T T T T T T T T		3.3 STREET ADDRESS	医二氏乳腺 经工厂管理机 解放	r Trigg 1955 fatha a tha 1941 an In
CITY-ST-ZIP	PART CONTRACTOR		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change 🤙 🔲 Addition
NAME			4. 2 NAME		•
NAME STREET ADDRESS		*	4.3 STREET ADDRESS		į
		+ * ₄ *	4.4 CITY-ST-ZIP		
CITY-ST-ZIP			= 1.7 OH 11 OH AIF		Charact Addition
THE	I	☐ DELETE	5.1 J.T.E		☐ Change ☐ Addition
ALAKAT:		☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME	•	☐ DELETE	5.2 NAME		Change Addition
STREET ADDRESS	1.50	☐ DELETE	5.2 NAME 5.3 STREET ADORESS		Change Addition
STREET ADDRESS CITY-ST-ZIP	50		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS CITY-ST-ZIP TITLE	PATER A TRACT	☐ DELETE	52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TITLE	e de la companya de l	Change Addition
STREET ADDRESS CITY-ST-ZIP	7900 No. 10 10 1		5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ing the second of the second o	
STREET ADDRESS CITY-ST-ZIP TITLE	PATER A TRACT		52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TITLE	ing the second s	

14. 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: