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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 651699

1. Corporation Name

EDDY &	CRISTI, INC.								
Principal Place	e of Business	Mailing Address							
3974 WEST 12TH AVE HIALEAH FL 33012 HIALEAH FL 33012									•
					L	DO NOT WRIT	E IN THIS	SPACE	
					-	3. Date Incorporated or Qualifed			1
						11/29/1979			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For
21		26				<u>59-2000261</u>			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Red	
City & State	9	City & State	·			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	U	Added to	Fees
Zip	Country	Zip	Cou	atry		8. This corporation owes the curre	ent year Inta		Į
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent				Name and Address of New R	egistered /	Agent	
				81 Name	e				
	T, GILBERTO V			82 Stree	t Address	(P.O. Box Number is Not Accepta	ble)		
717 PONCE DE LEON			52 Street Address (F.O. Box Mainbor to Not Not placed)						
S205				83					
COR	AL GABLES FL 33134			84 City				85 Zip C	nde
				City			FL	63 2.00	1000
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stat	te of Florida. Such change was	autnorized	by the con	d corpora poration's	tion submits this statement for the board of directors. I hereby accep	purpose of t the appoir	changing its i ntment as reg	registered jistered
agent. I ar	m familiar with, and accept the obliq	gations of, Section 607.0505, Fl	orida Statı	tes.					ĺ
agent. I ar SIGNATURE	m familiar with, and accept the obliq	gations of, Section 607.0505, Fi	onda Stati	les.		:	DATE		
agent. I ar SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Fligent and title if applicable. (NOT	C: Registered	tes. Agent signature		en reinstating)	DATE		
agent. I ar SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	onda Stati	tes. Agent signature		:	DATE		
agent. I ar SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, Figent and title if applicable. (NOTAND DIRECTORS	E: Registered	tes. Agent signature		en reinstating)	DATE	D DIRECTO	RS IN 12
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 9

STREET ADDRESS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90067 015 ***150.00