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

DOCUMENT # F00626

1. Corporation Name

| CANIVIEL | IEAIILES, IN | . . | | | | | |
|---|-----------------------------------|--------------------|------------------------|-----------------|--------------------|---|--|
| Principal Place | of Business | | Mailing Addres | ·e | | | # \$00 00 1151 00311 ##ILE #1410 11410 E511 ##ILL B1851 01411 B1851 01411 ##B11 ## |
| Principal Place of Business Mailing Address 171 SE 10TH AVENUE 171 SE 10TH AVENUE HIALEAH FL 33010 HIALEAH FL 33010 | | | | | | | DO NOT WRITE IN THIS SPACE |
| • | | | | | | | DO NOT WRITE IN THIS SPACE |
| <u> </u>] | | | | | | | 3. Date Incorporated or Qualifed 10/03/1980 |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | | 26 | | | | 59-2023107 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | | | City & State | | | | 6, Election Campaign Financing S5.00 May Be |
| 23 | | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Co | Zip Cou 29 30 | | | 1 | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| 24 | 25 25 | dress of Current F | 29 Registered Agent | | 1 | | 10. Name and Address of New Registered Agent |
|] | 3. Italie alia A | dies of ourione i | togiotorea rigein | · | 81 | Name | |
| STARK, ALAN | | | | | | | |
| 6363 SW 132ND ST. | | | | | 82 | Street | t Address (P.O. Box Number is Not Acceptable) |
| MIAMI FL 33156 | | | | . ~ | 83 | i | |
| | | | | | | | |
| | | | | | 84 | City | FI 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607,0502 and 407,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. From 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | | OFFICERS AND | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | VTS | · · | | 1.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | STARK, ALAN 1.2 | | | 1.2 NAME | | | |
| STREET ADDRESS | REET ADDRESS 6363 SW 132BD STREET | | | | 1.3 STREET ADDRESS | | |
| C/TY+ST-ZIP | | | | 1.4 CITY-S | ST-ZIP | | |
| TITLE | PD DELETE 2: | | | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | 517414, 51E4E : | | | 2.2 NAME | | | |
| STREET ADDRESS | 6753 SW 138 ST | | | 2.3 STREE | TADORESS | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | | | DELETE | 3.1 TITLE | | Change'Add(tion' |
| NAME | | | | | 3.2 NAME | | |
| STREET ADDRESS | | | | | 3.3 STREE | TADDRESS | 5 |
| CITY-ST-ZIP | | | | | 3.4. CITY-5 | ST-ZIP | |
| TITLE | | | | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | | 4.2 NAME | | |
| STREET ADDRESS | | | | | 4.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | | | | | 4.4 CITY-S | ST-ZIP | |

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 organ attachment with a address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90085 009 ***150.00