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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F11606

1. Corporation Name
MANNY STORE, INC.

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90100 039 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
1440 DREXEL	AVENUE	1440 DREXEL AVENUE				`		
C/O MANUEL 1	VIERA	C/O MANUEL VIERA			DO NOT WRITE IN TH	IIS SDACE		
MIAMI BEACH	FL 33139	MIAMI BEACH FL 33139				IIS SPACE		1
}	•				3. Date Incorporated or Qualifed			
ļ					12/29/1980			}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		oplied For	1
21 26		26			59-2100073		ot Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22	<u> </u>	27				Fee R	equired	Į
City & State	9` ~ `	City & State			6. Election Campaign Financing		May Be	}
23	23 28				Trust Fund Contribution	Added	to Fees	{
Zip	Country	Zip Countr		ıtry	8. This corporation owes the current year		<b>√</b> .	Į
24	, 25	29 30	)		Personal Property Tax.	Yes	ZHO	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	ed Agent		4
	·		ì	81 Name				
	RA, NOEMI	-		82 Street A	Address (P.O. Box Number is Not Acceptable)			1
	O DREXEL AVENUE			on out	tadioso (F.o. Box Hamber to Herr total plants)			
MIA	MI BEACH FL 33139		Ì	83				
			.			ne   7:-	0-1-	-
				84 City	F	L 85 Zip	Code	ł
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the ab	ove-named o	corporation submits this statement for the nurnose	of changing its	registered	
f office or r	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was auth	OUZĢŪ	hy the corno	ration's board of directors. I hereby accept the app	pointment as re	egistered	
agent. i a	im familiar with, and accept the obligat	lions of, Section 607.0505, Florida	a Siaiu	165.				ļ
SIGNATURE	Clanature, based or printed name of registered scient	t and title if applicable (NOTF: Re	nistered	Agent signature re	quired when reinstating) DATE			_
Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	60/
TITLE			1.1 TITI	F		☐ Change	Addition	1 =
	I Dili		1.1 1111					
	PTD DAEAEI	☐ DELETE		ŀ				1
NAME	VIERA, RAFAEL	□ pereie	1.2 NA	ME			-	1 770
NAME STREET ADDRESS	VIERA, RAFAEL 1440 DREXEL AVE	□ DEFE15	1.2 NAI 1.3 STF	ME REET ADDRESS				2E034 /
NAME STREET ADDRESS CITY-ST-ZIP	VIERA, RAFAEL 1440 DREXEL AVE MIAMI BEACH FL 33139		1.2 NAJ 1.3 STF 1.4 C/T	ME REET ADDRESS Y-ST-ZIP				CP2E034 /
NAME STREET ADDRESS	VIERA, RAFAEL 1440 DREXEL AVE MIAMI BEACH FL 33139 SD	☐ DELETE	1.2 NAI 1.3 STF 1.4 C/T 2.1 T/T/	ME REET ADDRESS Y-ST-ZIP .E		Change	☐ Addition	CROEGA /
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NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	VIERA, RAFAEL 1440 DREXEL AVE MIAMI BEACH FL 33139 SD VIERA, NOEMI 1440 DREXEL AVE	☐ DELETE ☐ DELETE	1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.4 CIT	ME REET ADDRESS Y-ST-ZIP  E		Change Change Change	Addition Addition	/ PEU = CB / CB
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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.

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

Daytime Phone #