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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90112 026 ***150.00

EL COLADITO CORP.		
ncipal Place of Business	Mailing Address	I (COLLEGE LICE) BLIEL CHICA LILLO LICES COLL GLOU GLOU GLOU GLOU GLOU GLOU GLOU G

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Principal Place	e of Business	Mailing Address						. ,	
1837 S.W. 8 ST		1837 S.W. 8 ST							
MIAMI FL 33135	5	MIAMI FL 33135 US				DO NOT WRI	TE IN THIS	SPACE	
US		03			3. Date Incorporate	ed or Qualifed			-
					11/19/1981				ĺ
2. Principal Pl	lace of Business	2a. Mailing Address		-	-4. FEI Number			Ap	plied For
21		26			59-2131350			No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27			5. Certifcate of Sta	tus Desired		Fee Re	quired
City & State	e	City & State			6. Election Campai	gn Financing		\$5.00	May Be
23		28			Trust Fund Cont	-		Added t	
Zip	Country	Zip	Country		8. This corporation	owes the curr	ent year Inta	angible	_
24	. 25	29	30		Personal Proper	ty Tax.		☐Yes	1
	9. Name and Address of Curren	t Registered Agent			10. Name and Add	ress of New F	registered A	Agent	
•			81	Name		,			- I
	CHEZ, PAZ		82	Street Addre	ess (P.O. Box Number	is Not Accepta	ible)		
	' S.W. 8 ST		Ľ	Oli Gol / Idai				· 	
MIAN	MI FL 33135		83					•	}
			84	City				85 Zip (Code
		•	04	City			FL	103 2.5	5000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named corpo	oration submits this sta	tement for the	purpose of	changing its	registered
office or re agent. Fai	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was autitions of, Section 607,0505, Florid	inorized by da Statutes	tne corporation	ms board of directors.	i nereby accep	or me appoi	milen as ic	gistered
SIGNATURE	, , , -								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Ager	nt signature required	d when reinstating)		DATE	-	
12.		ID DIRECTORS	13.		ADDITIONS/CHA	NGES TO OF	FICERS AN		
12. TITLE	PT		1.1 TITLE	S	ADDITIONS/CHA	NGES TO OF	P/T S	D DIRECTO	RS IN 12
	PT SANCHEZ, PAZ	ID DIRECTORS	_	S	ANCHEZ	PA2	PIS		
TITLE	PT SANCHEZ, PAZ 1837 S.W. 8 ST	ID DIRECTORS	1.1 TITLE 1.2 NAME	TADDRESS 18	ADDITIONS/CHA	PA2 . 8 5	PIS	Coange	
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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:

3 Daichez Lyped or Printed NAME OF SIGNING OFFICER OR DIRECTOR