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 # **F58443**

1. Corporation Name

PEDRO P. DELGADO, INC. (AFFILIATE OF COMPREHENSI SIVE BUSINESS SERVICES)

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90158 015 ***300.00



	· · · · · · · · · · · · · · · · · · ·		_					614H BIBII 1811
Principal Place of Business Mailing Address							6/21, 6/6/1	#1917 BIEII 1881
1320 S DIXIE HWY STE 220 1320 S DIXIE HWY STE 220							•	
CORAL GABLES FL 33146 CORAL GABLES FL 33146			ILES FL 33146		DO NOT WRITE IN THIS SPACE			
, 1						3. Date Incorporated or Qualifed		
						12/15/1981		
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number	A	pplied For
21		26				59-2146468	N ₁	ot Applicable
Suite, Apt.	#, etc.		φt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27	_			5. Certificate of Status Desired	Fee R	equired
City & State	e	City & S	State			6. Election Campaign Financing		May Be
23	···	28			,,,,	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	r	Country		8. This corporation owes the current year Inf		m./
24	25	29		30		Personal Property Tax.	☐ Yes	K MO
<u> </u>	9. Name and Address of Curre	ent Registered Ap	gent	81	Marco	10. Name and Address of New Registered	Agent	
חבות	SANO PENRO P			*1	Name			
DELGADO, PEDRO P 1320 S DIXIE HWY				82	Street Add	iress (P.O. Box Number is Not Acceptable)		
STE 220				83	· -			
	AL GABLES FL 33146			[83				
001	AL CADELO I E GOTTO			84	City	FL	85 Zip	Code
Ĺ					L	poration submits this statement for the purpose of	• <u> </u>	- registered
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable	(NOTE:	Registered Age	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
12.	PTD OFFICERS F	AND DIRECTORS	☐ DELETE			ADDITIONAL TO STATE T	Change	Addition
TITLE NAME	DELGADO, PEDRO P			1.2 NAME	Ì			
STREET ADDRESS	11705 SW 98TH AVE				TADORESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S	}			
TITLE	III/WHI 1 E		☐ DELETE	2.1 TITLE			Change	Addition
NAME				2.2 NAME	-			
STREET ADDRESS				2.3 STREE	TADORESS			
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP			
'TITLE'			DELETE	3.1 TITLE	- /-	The second secon	Change	Addition
NAME				3.2 NAME		·		
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP			
ΠπLE			DELETE	4.1 TITLE			Change	☐ Addition
NAME				4.2 NAME	İ			
STREET ADDRESS		-		4.3 STREE	TADDRESS			
CITY-ST-ZIP			□ an:	4.4 CITY-S	T-ZIP			FT Addition
TITLE			☐ DELETÉ	5.1 TITLE			Change	Addition
NAME				5.2 NAME	TADODECE			
STREET ADDRESS	, *				TADORESS			
CITY-ST-ZIP			DELETE	6.1 TITLE	1-217		☐ Change	☐ Addition
TITLE	·		L DELETE	6.2 NAME				
NAME					T ADDRESS			
STREET ADDRESS				6.4 CITY-S				
L CODY OF THE	1							

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 suppliemental 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 of the ecceiver 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 any attachment with an address. With all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR