PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **F62350**

1. Corporation Name

I FHARRY'S INC

J. FHANI	nt 5, INC										
			- A						ANDII UNUN D	1611 012A) 1881	
Principal Place of Business			Mailing Address								
8313 NW 68TH ST.			P.O. BOX 651328								
P. O. BOX 651328 Miami Fl. 33166			MIAMI FL 33265-1328 US				DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				l	
1							02/12/1982			ļ	İ
2 Principal Pl	lace of Business	2a	. Mailing Addre	ess			4. FEI Number		Ap	plied For	1
	dec of business	26					59-2161214		No	t Applicable	
Suite, Apt.	# etc.	20	Suite, Apt. #,	etc.					\$8.75 A	dditional	l
22		27					5. Certifcate of Status Desired	1	Fee Re	quired	
City & State	e	2,1	City & State				6. Election Campaign Financing		\$5.00	May Be	ļ
23		28	·				Trust Fund Contribution	ــــــــــــــــــــــــــــــــــــــ	Added to		
Zip	Country		Zip		Country		8. This corporation owes the current	year Intang	ible		
24	25	29		30	5		Personal Property Tax.		Yes	□No]
	9. Name and Address of Currer		stered Agent		' 		10. Name and Address of New Regi	stered Ago	ent .		1
					81	Name					
	ERSON, MICHEL E				82	Stroot Add	tress (P.O. Box Number is Not Acceptable)				
KILLIAN PROFESSIONAL VILLAGE						Street Add	reet Address (P.O. Box Number is Not Acceptable)				
1076	31 S.W. 104TH STREET				83						1
MIAN	/II FL 33176						1.00/100000	- 1	=		1
					84	City		FL İ'	B5 Zip C	ode	Ì
44 Pursuant	to the provisions of Sections 607 050	12 and 6	507 1508 Florid	da Statutes	the abov) e-named cor	poration submits this statement for the purp	nose of cha	anging its	registered	1
l office or n	egistered agent or both in the State	of Flori	da. Such chan	oe was auth	iorized by	the corporat	ion's board of directors. I hereby accept the	e appointm	ent as re	gistered	
agent. 1 a	m familiar with, and accept the obliga	ations of	r, Section 607.	лооо, гюпа	a Statutes	i.]
SIGNATURE	Signature, typed or printed name of registered age	ent and title	if applicable	(NOTE: Re	onistered Ane	nt signature requir	ed when reinstating)	DATE			ے ا
12.	OFFICERS A			(10072.110	13.	-	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12	1/08
TITLE	VSD	10 01110		ELETE	1.1 TITLE				Change	Addition	1
NAME	FUENTES, MARIA-EUGENIA				1.2 NAME						3
STREET ADDRESS	3407 SW 116TH PLACE					TADORESS					F03
	MIAMI FL				1.4 CITY-S	i					۱۵
TITLE	MICHAEL L			ELETE	2.1 TITLE	11-ZIF	 		Change	Addition	"
	_		 3.		2.2 NAME				•		
NAME						TADDRESS					ļ
STREET ADDRESS					1	ì			-		1
CITY-ST-ZIP				ELETE	2.4 CITY-	SI-ZIP		г	Change	Addition	1
TITLE				CLLIC			·	_			ļ
NAME		_=_=			.3.2 NAME		ig legger en e				┧
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP				EL CTE	3.4. CITY-	ST-ZIP		т.	Change	☐ Addition	1
TITLE				ELETE	4.1 TITLE] Ondrige		
NAME					4. 2 NAME						
STREET ADDRESS						TADDRESS					
CITY-ST-ZIP				E: ETE	4.4 CITY-5	T-ZIP			7 Change	☐ Addition	┨
TITLE				ELETE	5.1 TITLE] Change		ļ
NAME					5.2 NAME			,			1
STREET ADDRESS					•	TADDRESS					١.
CITY-ST-ZIP					5.4 CITY-S	T-ZIP	-		=		1
TITLE			□ D	ELETE	6.1 TITLE	- 1	•] Change	☐ Addition	1

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 Blook 13 if changed, or on an attachment with an address, with all other like empowered. 305-229-1425

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90109 006 ***150.00