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 # G29875 1. Corporation Name

PEDROSO INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90007 048 ***150.00



						7		
Principal Place of Business Mailing Address								
7120 SW 44 STR	EET	7120 SW 44 STREET						.1
MIAMI FL 33155		MIAMI FL 33155 US				DO NOT WRITE IN THIS SPACE		
US		J0				3. Date Incorporated or Qualifed		
•						03/10/1983		
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	<u> </u>	olied For
Z. FIIICIPALLIA	De of Business	26				59-2265041		Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	I
22	,	27						
City & State		City & State				6. Election Campaign Financing	\$5.00 Added t	
23		28				Trust Fund Contribution		01.003
Zip	Country	Zip	Cou	ntry		This corporation owes the current year I Personal Property Tax.	ntangibie ☐ Yes	□No [
24	25		30			10. Name and Address of New Registere		
	9. Name and Address of Curren	t Registered Agent	-	81	Name	IV. ITALITO MIN ACCIOCO O. ITALIA		$\overline{}$
DEND	OSO, ALBERTO JR.			ĽŢ				
7120 SW 44 STREET				82 Street Address (P.O. Box Number is Not Acceptable)				COSE BIRE IONI
MIAMI FL 33155				83				
1411/-111	11 2 33 133					<u> </u>	10-11-11-11-11	\$ (7) \$16.4 (8)
				84	City	F		
- <u> </u>		- LOOZ 4500 Florida Statuto	c the a	bove.	-named corn	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered
11. Pursuant to	o the provisions of Sections 607.050 mistered agent, or both, in the State	of Florida. Such change was au	thorized	by t	he corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I an	gistered agent, or both, in the State n familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Stat	utes.				Ì
SIGNATURE		at and title if applicable (MOTE:	Registered	Agent	signature require	ed when reinstating) : 다음 DATE	 	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			ORS IN 12	
· · · · · · · · · · · · · · · · · · ·	DST	☐ DELETE	1.1 TI	TLE		\$1925 March	☐ Change	Addition
TITLE	PEDROSO, ANA MARIA		1.2 N	AME	}			•
NAME other toppess	7120 SW 44 STREET		1.3 \$	TREET	ADDRESS			
STREET ADDRESS	MIAMI, FL 00000		1.4 C	ITY-ST	-ZIP			<u> </u>
CITY-ST-ZIP	DP DP	☐ DELETE	2.1 T				☐ Change	Addition
i	PEDROSO JR, ALBERTO		2.2 N	IAME		•		
NAME STREET ADDRESS	7120 SW 44 STREET		2.3 S	TREET	ADDRESS			
	MIAMI FL		2.46	CITY-S	T- ZIP			[T] Addition
CITY-ST-ZIP TITLE		☐ DELETE	3.1 7				Change	Addition
			3.2 N	IAME				
NAME			3.3 8	TREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·		16 图 18
STREET ADDRESS			3.4.	CITY-S	T-ZIP		(4) (4) (4)	11, or 2
CITY-ST-ZIP TITLE		☐ DELETE	4.11	TITLE		The George Carlo Davids South A	☐ Change	Addition
1			4.2	NAME				
NAME	ļ.		4.3 9	STREET	TADDRESS			
STREET ADDRESS			4.4 (CITY-S	T-ZIP	<u> </u>		
CITY-ST-ZIP		☐ DELETE	5.1	TITLE			☐ Change	Addition
1			5.21	NAME		n i grafin	•	•
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CITY-ST-ZIP TITLE		☐ DELETE	6.1	TITLE			Change	Addition
			6.2	NAME]			•
NAME CODEET ADDRESS			6.3	STREE	T ADDRESS			
I STREET ANDRESS	1				ı			

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 and attachment with an address, with all other like empowered.

SIGNATURE: