Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

## 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 #

1. Corporation Name

City & State

23

24

Zip

MONICA CONTINENTAL INC

| WONON COMMITTEE INC.  |                                      |  |  |
|---|--------------------------------------|--|--|
| Principal Place of Business                                     | Mailing Address                      |  |  |
| 4338 S.W. 8 STREET<br>MIAMI FL 33134                            | 4338 S.W. 8 STREET<br>Miami Fl 33134 |  |  |
| Principal Place of Business     The Principal Place of Business | 2a. Mailing Address                  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                  |  |  |

27

28

Zip

City & State

29 9. Name and Address of Current Registered Agent

Country

| MARQUEZ, LUIS      |
|--------------------|
| 4338 S.W. 8 STREET |
| MIAMI FL 33134     |

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90044 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/27/1984 4. FEI Number

59-2437341

| 4338 S.W. 8 STREET<br>MIAMI FL 33134  |   | 02     | Sueet /  | Street Address (F.O. Box Number is Not Acceptable)                         |          |  |  |  |
|---|---|--------|--|--|----------|--|--|--|
|   |   | 83     |  |  |          |  |  |  |
|   |   |        |  |  |          |  |  |  |
|   |   | 84     | City   | FL 85 Zip Coo  | de       |  |  |  |
| 11 Divisions  | to the provisions of Sections 607 0502 and 607 1508. Elorida Statutes, the        | -named | corporation submits this statement for the purpose of changing its re- | gistered   |          |  |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |        |  |  |          |  |  |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |        |  |  |          |  |  |  |
| 12.   | OFFICERS AND DIRECTORS 13   |        | s signature in   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                                | S IN 12  |  |  |  |
| TITLE   |   | MTLE   |  | ☐ Change   | Addition |  |  |  |
| NAME  | <u> </u> _  | VAME   |  |  |          |  |  |  |
|   | maidole, colo   |        | ADORESS  |  | -        |  |  |  |
| STREET ADDRESS  |   | CITY-S |  |  | {        |  |  |  |
| CITY-ST-ZIP   | 111, 111, 1   | ITLE   | · ZIF  | Change   | Addition |  |  |  |
|   | 30  | NAME   | 1  |  |          |  |  |  |
| NAME  | mraidole, booting   |        | ADDRESS  |  |          |  |  |  |
| STREET ADDRESS  | · · · · · · · · · · · · · · · · · · ·   |        |  |  |          |  |  |  |
| CITY-ST-ZIP   | 1770 0771 1   | CITY-S | 1-219  | Change   | Addition |  |  |  |
| TITLE   | the first of the second of  |        |  |  | _        |  |  |  |
| NAME  | •   | VAME   | 4BBBE86  |  |          |  |  |  |
| STREET ADDRESS  | •   |        | ADDRESS  |  |          |  |  |  |
| CITY-ST-ZIP   |   | CITY-S | r-ZIP  | Change   | Addition |  |  |  |
| TITLE   |   | ITTLE  |  |  |          |  |  |  |
| NAME  | ■ "**   | NAME   | Ì  |  |          |  |  |  |
| STREET ADDRESS  |   |        | ADDRESS  |  | ,        |  |  |  |
| CITY-ST-ZIP   |   | CITY-S | -ZIP   | Change   | Addition |  |  |  |
| TITLE   |   | TITLE  |  | Change   |          |  |  |  |
| NAME  |   | NAME   |  |  |          |  |  |  |
| STREET ADDRESS  |   | _      | ADDRESS  |  | \<br>\   |  |  |  |
| CITY-ST-ZIP   |   | CITY-S | T-ZIP  | Chana  | Addition |  |  |  |
| TITLE   | Deterie   | TITLE  |  | ☐ Change   | Addition |  |  |  |
| NAME  | l i -   | NAME   |  |  |          |  |  |  |
| STREET ADDRESS  |   |        | ADDRESS  |  |          |  |  |  |
| CITY-\$T-ZIP  |   | CITY-S | _  |  |          |  |  |  |
| 14. I hereby o  | ertify that the information supplied with this filing does not qualify for the ex | empt   | on stated  | in Section 119.07(3)(i), Florida Statutes. I further certify that the info | ormation |  |  |  |

Country

Name

30

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:

Daytime Phone #