

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 # H46161

1. Corporation Name  
LOCAL INVESTMENT CO., INC.

Principal Place of Business  
2900 W. 84TH ST., #201  
HIALEAH FL 33016

Mailing Address  
2900 W. 84TH ST., #201  
HIALEAH FL 33016

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90123 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/08/1985

4. FEI Number  
59-2557558

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 3789 W. 18 Ave  
Suite, Apt. #, etc.

2a. Mailing Address  
26 3789 W. 18 Ave  
Suite, Apt. #, etc.

22 City & State  
23 Hialeah, FL  
Zip Country  
24 33012 25 USA

27 City & State  
28 Hialeah, FL  
Zip Country  
29 33012 30 USA

9. Name and Address of Current Registered Agent

HERRERA, CARLOS  
2900 W. 84TH ST., #201  
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name Herrera, Carlos  
82 Street Address (P.O. Box Number is Not Acceptable)  
3789 W. 18 Avenue  
83  
84 City Hialeah FL 85 Zip Code 33012

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	HERRERA, CARLOS	
STREET ADDRESS	2900 W. 84TH ST., #201	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RIVERO, LUISA M	
STREET ADDRESS	2900 W 84TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herrera, Carlos	
1.3 STREET ADDRESS	3789 W. 18 Ave.	
1.4 CITY-ST-ZIP	Hialeah, FL 33012	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rivero, Luisa M.	
2.3 STREET ADDRESS	3789 W. 84 Ave	
2.4 CITY-ST-ZIP	Hialeah, FL 33012	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 (305) 362-1664

CR2E034 (1/98)