## 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

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90063 045 \*\*\*150.00

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1. Corporation Name

6055 CORPORATION, INC.

			·	<u> </u>						
Principal Place	of Business	Mailing Address				T SOBLISE OUT DIBLY COLOR LIBES HILLD TOUS BY	() BIBII BIBII BIBII	81011 81911 1081		
5891 SW 8TH STREET 5891 SW 8TH STREET										
MIAMI FL 33144		MIAMI FL 33144								
						DO NOT WRITE IN TH	IIS SPACE	~ <del>~</del>		
	•					3. Date Incorporated or Qualifed				
	·	10-14-2	-	_	<del></del> ,	10/22/1986 4. FEI Number				
<u> </u>	lace of Business	2a. Mailing Address				}	<u> </u>	pplied For ot Applicable		
21		Suite, Apt. #, etc.				59-2748354		Additional		
Suite, Apt.	#, etc.					5. Certifcate of Status Desired	• • • •	equired		
City & State	2 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Be		
23	28 28 3 MAR 1917					Trust Fund Contribution		to Fees		
Zip `	Country	Zip	77.11.			8. This corporation owes the current year	Intangible			
24	25	29 30				Personal Property Tax.				
	9. Name and Address of Curre	····				10. Name and Address of New Registere	d Agent			
			8	1 Na	ame			)		
	ALDO NAVARRO		8	12 St	reet Addres	ss (P.O. Box Number is Not Acceptable)				
	SW 8TH STREET									
MIAN	A) FL 33144		8	33	_			]		
		•	<u> </u>	14 Ci	tv		. 85 Zip	Code		
					•		L	1		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the abo	ve-na	med corpor	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of changing its	s registered		
office or re	egistered agent, or both, in the State m familiar with, and accept the obli	e of Florida. Such change was autr gations of, Section 607.0505, Florid	a Statute	es.	corporation	is bosid of directors. Thereby accept the ap-	Million do 16	sgibiorea		
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered a		<u> </u>	gent sign	ature required v	when reinstating) DATE	AND DIDEOT			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change			
TITLE	PD	☐ DELETE	1.1 TITLE		l		☐ change	L Addition		
NAME	NAVARRO, ARNALDO		1.2 NAM							
STREET ADDRESS	5891 S.W. 8TH ST.		1.3 STRE		RESS	• • • • • • • • • • • • • • • • • • • •		ļ		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-		$\dashv$		Change	Addition		
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STREET ADDRESS	5891 S.W. 8TH ST.		2.3 STRE					Į		
CITY-ST-ZIP	MIAMI FL	DELETE	2. 4 CITY 3.1 TITLE		<u></u>		☐ Change	Addition		
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NAME			3.3 STRE		RESS			}		
STREET ADDRESS	. •		3.4. CITY					-		
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.1 TITLE			7.74	Change	Addition		
NAME	•	<b>— -</b>	4. 2 NAM	_		•		{		
Į l			4.3 STRE		DE GG			.1		
STREET ADDRESS	,		4.4 CITY							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		$\dashv$		Change	☐ Addition		
NAME			5.2 NAM				. <u> </u>	,		
STREET ADDRESS		e e e e e e e e e e e e e e e e e e e	5.3 STRE	EET ADD	RESS	and the second s	The state of the s	TO THE STREET		
CITY-ST-ZIP	· ,		5.4 CITY		.	•	•			
TITLE		☐ DELETE	6.1 TITLE	E .			Change	Addition		
NAME	,		6.2 NAMI	E				}		
STREET ADDRESS			6.3 STRE	EET ADD	RESS			Ì		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		<u> </u>				
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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 eath; that I am an officer or director of the corporation or the receiver or true tee 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

Daytime Phone #

CR2F034 (11/9