FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

A LODGOUS ON THE ROLLE PRINCIPLES AND DISCUSSION OF BUILDING STORE STORE CORE CORE

02-10-1999 90021 021 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K16161

ORTEGA'S UPHOLSTERY, INC.

Principal Place of Business Mailing Address						1 100) Pill But 170/0 E(18) (1814 B(19) 170/ B(19)	######################################	11411 818(11881
7498 N.W. 8TH ST. 7498 N.W. 8TH ST. MIAMI FL 33126 MIAMI FL 33126						DO NOT WRITE IN THIS	S SPACE	,
						3. Date Incorporated or Qualifed		
						02/22/1988		ĺ
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21	26				65-0015948	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	
22	<u> </u>	27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Ir		
24	25	29 3	0			Personal Property Tax.	∐Yes	□No
	9. Name and Address of Current	Registered Agent	٠.	041	A 1	10. Name and Address of New Registered	I Agent	
ODT	FOA NOCL I		1	81 1	Name		•	
ORTEGA, NOEL J			18	82 :	Street Addres	ess (P.O. Box Number is Not Acceptable)		
4258 SW-97TH AVENUE			L			A 4.4 1.4	3 4 4 4 5 D	12.12.12
MIAMI FL 33165			1	83				
			1	84 (City	Service Control of the Control of th	85 Zip (Code
					•	<u> </u>	느	
office or r	to the provisions of Sections out 1997. egistered agent, or both, in the State of marrillar with, and accept the obligation of the sections o	f Florida. Such change was aut	horized l	by the	e corporation	ration submits this statement for the purpose or so board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	lgent si	ignature required v			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITU			5-9, •	Change	☐ Addition
NAME	ORTEGA, NOEL B.		1.2 NAM	Æ				
STREET ADDRESS	4258 SW 97 AVE		1.3 STR	REET AL	DORESS			
CITY-ST-ZIP	MIAMI FL		1,4 CITY		ZIP	<u> </u>		677 A JUNE
TITLE	D	☐ DELETE	2.1 TITL	Æ		,	Change	Addition
NAME	de ortega, maria enma c.		2.2 NAM	Æ		•		* •
STREET ADDRESS	4258 SW 97 AVE		2.3 STR	REET AL	DORESS		• -	
CITY-ST-ZIP	MIAMI FL		2.4 CIT	Y-ST-Z	ZIP			T A LUC.
TITLE	D	☐ DELETE	3.1 TITL	E	.		☐ Change	☐ Addition
NAME	ORTEGA, NOEL, JR.		3.2 NAM					\$
STREET ADDRESS	4258 SW 97 AVE		3.3 STR	EET AL	DORESS	1. "我们,只想对外和 你	i a may	1446.04
CITY-ST-ZIP	MIAMI FL		3.4. CIT		ZiP	3 533		2 (8), 44
TITLE		☐ DELETE	4.1 TITL	.E			Change	Addition
NAME			4. 2 NAN	ME			•	
STREET ADDRESS					DORESS			
CITY-ST-ZIP		———	4.4 CITY		ZIP .	man M	F70	□ A 3305-
TITLE		☐ DELETE	5.1 TTTL		į		Change	☐ Addition
NAME	!		5.2 NAV			- P		
STREET ADDRESS			5.3 STR					
CITY-ST-ZIP			5.4 CITY		ZIP			□ A 4.494
TITLE		☐ DELETÉ	6.1 TITL		j		Change	Addition
NAME	4		6.2 NAM					
STREET ADDRESS	1 13. 11.		6.3 STR	REET AL	DORESS	•	•	

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 adactor of the corporation of the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP