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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K27711

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90034 029 ***150.00

LOPEX,	ING.								
Principal Plac	a of Business	Mailing Address				-	II iidi bidii bi	<u> </u>	8181) B1811 881
% JUAN E. LO		% JUAN E. LOPEZ							
3805 W 16TH AVE 3805 W 16TH AVE									
HIALEAH FL 33012-7002 HIALEAH FL 33012-7002						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			ļ
						07/07/1988			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21 26 26						65-0222411			lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required
22 27 27 City & State City & State			*						
			•			6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Cour	ntrv		8. This corporation owes the curre	et veer let		7.101.003
_	25		30	,		Personal Property Tax.	in year nic	∏ Yes	□No
24	9. Name and Address of Curre		721			10. Name and Address of New Ro	egistered /		
	T. Hame and Fladicas of Guilo		<u> </u>	81	Name				
LOP	ez, Juan e.			_	<u> </u>		-1-3		
3805 W 16TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)					
HIAL	LEAH FL		ŀ	83					
]					<u>.</u>
				84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	in2 and 607.1508. Florida Statutes	s. the ab	ove-	named corpo	oration submits this statement for the p	urpose of	changing r	ts registered
office or r	registered agent, or both, in the State	e of Florida. Such change was au	thorized	by th	ne corporatio	n's board of directors. I hereby accept	the appoir	itment as i	registered
agent. I a	am familiar with, and accept the oblig	lations of, Section 607.0505, Flori	oa Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered /	Agent	signature required	when reinstating)	DATE]
12.		ND DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 111	LE				☐ Change	Addition
NAME	LOPEZ, JUAN E.		1.2 NA	ME					ĺ
STREET ADDRESS	3805 W 16TH AVE		1.3 STF	REETA	ADDRESS				1
CITY-ST-ZIP	HIALEAH FL		1.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	2.1 1111	LE				☐ Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 STF	REETA	ADDRESS				J
CITY-ST-ZIP	1		2.4 CI	TY-ST	.ZIP				Ì
TITLE			_						
NAME		☐ DELETE	3.1 T!T	LE	i	 		☐ Change	Addition
STREET ADDRESS		☐ DELETE	3.1 TIT			·-··		Change	Addition .
CITY-ST-ZIP	1	DELETE	3.2 NA	ME	ADORESS			☐ Change	Addition
TITLE		DELETE	3.2 NA	ME REET#	1			Change	,
NAME		☐ DELETE	3.2 NA 3.3 STF	ME REET# IY-ST	1			☐ Change	,
			3.2 NAI 3.3 STF 3.4. CF	ME REET# IY-ST- LE	1				,
STREET ADDRESS			3.2 NAI 3.3 STF 3.4. CIT 4.1 TITI 4. 2 NA	ME REET# IY-ST- LE ME	1				,
STREET ADDRESS CITY-ST-ZIP			3.2 NAI 3.3 STF 3.4. CIT 4.1 TITI 4. 2 NA	ME REET A TY-ST- LE ME REET A	-ZIP ADDRESS			☐ Change	e Addition
			3.2 NAI 3.3 STF 3.4. CF 4.1 TITI 4. 2 NA 4.3 STF	ME REET A TY-ST- LE ME REET A Y-ST-	-ZIP ADDRESS				e Addition
CITY-ST-ZIP		☐ DELETE	3.2 NA 3.3 STF 3.4. CII 4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT	ME REET # IY-ST- LE ME REET # Y-ST- LE	-ZIP ADDRESS			☐ Change	e Addition
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CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NAJ 3.3 STF 3.4. CII 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ	ME REET A IY-ST- LE WE Y-ST- LE ME REET A	ADDRESS ZIP ADDRESS			☐ Change	e Addition
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CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE ☐ DELETE	3.2 NAJ 3.3 STF 3.4. CIT 4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF 5.4 CIT	ME REET A TY-ST- LE ME REET A Y-ST- LE V-ST- LE Y-ST- LE	ADDRESS ZIP ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE ☐ DELETE	3.2 NAJ 3.3 STF 3.4. CFF 4.1 TITI 4. 2 NA 4.3 STF 4.4 CFF 5.1 TITI 5.2 NAJ 5.3 STF 6.1 TITI 6.2 NAJ	ME REET A Y-ST- LE ME ME Y-ST- LE ME ME ME ME ME	ADDRESS ZIP ADDRESS			☐ Change	Addition

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 of mystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: