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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## **FILED** Feb 18, 1999 8:00am Secretary of State

DOCUMENT # K38504  1. COPPORATION Name  **CORPORATION Name  **MAIN AND ASSOCIATES, INC.  Principal Place of Business  **MAIN REPORT TRAINA \$151 SW 89 AVE RD  MAIN F, 2015  2. Maining Address  **LORENZO TRAINA \$151 SW 89 AVE RD  MAIN F, 2015  2. Maining Address  **LORENZO TRAINA \$151 SW 89 AVE RD  MAIN F, 2015  2. Maining Address  **LORENZO TRAINA \$151 SW 89 AVE RD  MAIN F, 2015  2. Maining Address  **LORENZO TRAINA \$151 SW 89 AVE RD  MAIN F, 2015  2. Maining Address  **LORENZO TRAINA \$151 SW 89 AVE RD  MAIN F, 2015  2. Maining Address  4. FER Number  5. Country  7. South Angle of Studiess  4. FER Number  5. Country  7. South Angle of Studiess  7. Country  8. The corporation cross the arrant year throughout for the Required Agent  10. Name and Address of Current Registered Agent  10. Name and Address of Name Registered Agent  11. Name and Address of Name Registered Agent  12. Description of the proposalors of Sections 607 5552 and 607 1008. Portide Simulates, the above-named corporation's abundance for the purpose of changing in registered Agent  11. Name and Address of Name Registered Agent  12. Description of the proposalors of Sections 607 5552 and 607 1008. Portide Simulates, the above-named corporation's abundance for the purpose of changing in registered Agent  13. Name  14. Country  15. South Andress (P.O. Box Number is Not Acceptables)  14. Country  15. South Address of Number is Not Acceptables  15. Name  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptables  16. Name and Address of Number is Not Acceptable	DOG	1999	DIVISION (	OF CORPORATIONS	J	
Principal Place of Business % LORENZO TRAMA \$1515 WS 81 AVE RD WIAMA FL 33165  3. Date Incorporated or Quarter 10/12/1988  2. Principal Place of Business 2. A Mailing Address 3. Date Incorporated or Quarter 10/12/1988  2. Principal Place of Business 3. Date Incorporated or Quarter 10/12/1988  3. Date Incorporated or Status Desired 10/12/1988  3. Date Incorporated or Status Desired 10/12/1988  3. Date Incorporated or Status Desired 10/12/1988  3. This Corporation over the unique year Marketing or Property Status Desired 10/12/1988  3. This Corporation over the unique year Marketing or Property Status Desired 10/12/1988  3. This Corporation over the unique year Marketing or Property Status Desired 10/12/1988  3. This Corporation over the unique year Marketing or Property Status Desired 10/12/19/19/19/19/19/19/19/19/19/19/19/19/19/			04		02-18-1999 90015 015 ****1	50.00
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\$1. OPERADO TRIANA \$1. STATES    Application   State			Mailing Address		T TORESHILL BOD THERE BEING BRICK BILL BILL BILL	
Applied For State   Country   Coun	™ LURENZI 5151 SW 9	O IMIANA RAVERD			ľ	
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2. Principal Place of Business   2a. Mailing Address   4. ET Number   55-0082215   Applied For   55-0082215   Applied For   55-0082215   Applied For   55-0082215   Suite   55-			INITIANI 1 L 33103		- DO NOT WRITE IN TH	IIS SPACE
Suries, Apt. #. etc.						
Soute, Apt. #, etc.    Soute, Apt. #, etc.	_	al Place of Business	2a. Mailing Address		10/12/1988	
Succession of the control of the con			26			Applied For,
City & State  Ci	_	pt. #, etc.	Suite, Apt. #, etc.		05-0082215	Not Applicat
St. Documents   St. Document		4-4-	27		5. Certifcate of Status Desired	
Zip Country   Zip Country   State   Country   Country   Country   State	_ `	late	City & State		& Flories Committee	
Solution					Trust Fund Contribution	
9. Name and Address of Current Registered Agent  TRIANA, LORENZO  5151 SW 98 AVE RD MIAMI FL 33165  87 Street Address (P.O. Box Number is Not Acceptable)  88 City  FL 85 ZP Code  68 City  FL 85 ZP Code  69 City  FL 85 ZP Code  69 City  FL 85 ZP Code  69 City  FL 85 ZP Code  60 City  FL 85 ZP C	_	<del></del>	Zip	Country		Added to Fees
TRIANAL LORENZO  5151 SW 98 AVE RD MIAMI FL 33165  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 8 ZP Code  65 City  FL 8 ZP Code  66 City  FL 8 ZP Code  67 City  FL 8 ZP Code  68 City  FL 8 ZP Code  68 City  FL 8 ZP Code  69 City  FL 8 ZP Code  69 City  FL 8 ZP Code  69 City  FL 8 ZP Code  60 City  FL 8			29	30	Personal Property Tay	
Figure   F		5. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered	YesNo
S151. SW 98 AVE RD MIAMI FL 33165    83   84   City	, "TA	IANA, LORENZO		81 Name	The state of the s	Agent
MIAMI FL 33165  84 City FL   85 Zip Code   7	51	51 SW 98 AVE RD		82 Street Add	drose (B.O. Bou M	
State				ou officer Add	uress (P.O. Box Number is Not Acceptable)	1
Purposition 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 agent. I am termitar with, and accept the obligations of, Section 607.0505, Florida Statutes.    GNATURE				83	3 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	# 1 \$12 to 1 to
1. 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 agent. I am familiar with, and accept the colipidanos of, Section 607.0505, Florida Statutes.  GNATURE    Gignature, typed or printed name of registered agent and text it applications.   (NOTE Registered Agent signature required when remaining)   DATE				RA City		
Signature - Pyrend or printed name of registered agent and lifts if applicable   NOTE Registered Agent signature required when reinstating)   DATE	1 0	<del>                                      </del>				85 Zip Code
DELETE   DELETE   STREET ADDRESS   STR	IGNATURE					
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12-04-04-05-05-05-05-05-05-05-05-05-05-05-05-05-		OFFICERS A	ND DIRECTORS	Registered Agent signature require	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	i
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hereby certify that the information supplied with this filling does not supply for all	ILE  ME REET ADDRESS Y-ST-ZIP LE  ME REET ADDRESS Y-ST-ZIP E E EET ADDRESS G-ST-ZIP E E ET ADDRESS ST-ZIP	D TRIANA, LORENZO 5151 SW 98 AVE RD MIAMI FL	ND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

indicated on this annual report or 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 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

SIGNATURE:

SIGNATURE AND TWEED OF FINISHED NAME OF SIGNING OFFICER OR DIRECTOR

74026, 1999 (305) 596.8421