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

PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

FILED May 06 1998 8:00am Secretary of State

3. Date Incorporated or Qualified 01/11/1989 2. Principal Place of Businoss 2. Mailing Address 2. Fincipal Place of Businoss 3. Date Incorporated or Qualified 01/11/1989 4. FEI Number NOT APPLICABLE Not Applicab Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State 28 City & State 29 30 Country Added to Fees 20 20 30 Reference of Businoss 4. FEI Number Fee Required 6. Election Campaign Financing Fee Required Fees Frust Fund Contribution Added to Fees No SuxTo, EDDIE 6772 W. FLAGLER ST MIAMI FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL Street Address (P.O. Box Number is Not Acceptable) 85 Signature Figurative, hybed or present amount of reprised agent and line if agridually interest agent and line if agridually interest agent and line if agridually interest agreet and line if agridually interest agridu	Principal Plac SEDDIE SIX 6772 W. FLA	CTO Gler st	Mailing Address SEDDIE SIXTO 6772 W. FLAGLER ST MIAMI FL 33144			E IN THIS SPACE
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No N			W			
Suite, Apt. #, etc. 27 City & State City & State City & State Country Zip Country Added to Fees No Personal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No No Parsonal Property Tax due June 30. Yes No No Personal Property Tax due June 30. Yes No No	⊢ ⊸ '	Place of Business	∤ ,			Applied For Not Applicable
Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent SIXTO, EDDIE 6772 W. FLAGLER ST MIAMI FL 33144 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 9502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 agent am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or previod name of repotered agent and time if applicable (NOTE: Begistered Agent signature required when rainstating) DATE NOTE: Begistered Agent signature required when rainstating) DATE NOTE: Begistered Agent signature required when rainstating) DATE 12. OFFICE RS AND DIRE CTORS	22	·	27		5. Certificate of Status Desired	
24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent SIXTO, EDDIE 6772 W. FLAGLER ST MIAMI FL 33144 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL B5 Zip Code 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalure, typed or precided manual integritical life. (NOTE: Begistered Agent signature required when reinstating) CATE 12. OFFICERS AND DIRECTORS IN 12	23		28		,	
SIXTO, EDDIE 6772 W. FLAGLER ST MIAMI FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 Signalure, typed or precided manual registered agent and time if applies able (NOTE: Begistered Agent signature required when reinstating) CATE 12. OFFICERS AND DIRECTORS IN 12		25	29	└	Personal Property Tax due June	e 30. Yes No
6772 W. FLAGLER ST MIAMI FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 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 Signalure, typed or precided name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12	<u></u>		rrent Registered Agent		10. Name and Address of New R	egistered Agent
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 Signalure, typed or printed name of registered agent and time if applicable (NOTE: Begistered Agent signature required when reinstating) CATE	677	72 W. FLAGLER ST		82 Street /	Address (P.O. Box Number is Not Accepta	DE Zin Code
Signature, typed or printed name of registered agent and time it applies able (NOTE: Bugistered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	office or re agent. I a	to the provisions of Sections 607, egistered agent, or both, in the St im familiar with, and accept the of	0502 and 607.1508, Florida Statulate of Florida Such change was oligations of, Section 607.0505, Fl	tes, the above-named authorized by the corp orida Statutes.	corporation submits this statement for the location's board of directors. I hereby acce	purpose of changing its registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature, typed or printed name of registered	1 agent and the if applicable (NO)	E: Registered Agent signature	required when reinstating)	DATE
						CERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE Deleter Addition		Р	☐ DELETE	1.1 TITLE		Change Addition
NAME SIXTO, EDDIE A. 12 NAME	NAME	SIXTO, EDDIE A.		1.2 NAME		
STREET ADDRESS 180 NW 67 AVE. 1.3 STREET ADDRESS	STREET ADDRESS	180 NW 67 AVE.		1.3 STREET ADDRESS		}}
CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		[8
TILE V DELETÉ 21 TITLE D'Change Additio	TITLE	V	DELETE	21 TITLE		Change Addition
NAME SIXTO, HAYDEE 22 NAME	NAME	SIXTO, HAYDEE		2.2 NAME		
STREET ADDRESS 161 NW 67 CT 2.3 STREET ADDRESS	STREET ADDRESS	161 NW 67 CT		2.3 STREET ADDRESS]
CITY-ST-ZIP MIAMI FL 2 4 CITY-ST-ZIP	CITY-ST-ZIP			2 4 CITY-ST-ZIP		
	TITLE	T .	DELETE	3.1 TITLE		Change Addition
NAME SIXTO, MARIA A. 32 NAME	NAME			3.2 NAME		
STREET ADDRESS 180 NW 67 AVE. 33 STREET ADDRESS	STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 3.4. CITY-ST-ZIP		MIAMI FL				
			L_1 DELETE			☐ Change ☐ Addition
NAME 4.2 NAME						į
STREET ADDRESS 4.3 STREET ADDRESS						
CITY-51-ZIP 4.4.CITY-51-ZIP			C prieve			Change Addition
			L. DELETE			C Change C Audolion I
NAME 52 NAME						ļ
STREET ADDRESS 5.3 STREET ADDRESS						
CITY-ST-ZIP			T Delete			Change Addition
			☐ bereit			C Change C Addition
NAME 62 NAME						
STREET ADDRESS 6.3 STREET ADDRESS						İ
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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	CHY-SI-ZIP	ertify that the information sungle	d with this filing does not qualify h		d in Section 119.07(3)(i). Florida Statutes.	further certify that the information

SIGNATURE: