

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90279 021 ***150.00

DOCUMENT # K65488

1. Corporation Name
ADELINA ENTERPRISES, INC.

Principal Place of Business
11480 SW QUAIL ROOST DR
MIAMI FL 33157-6526
US

Mailing Address
11480 SW QUAIL ROOST DR
MIAMI FL 33157-6526
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/10/1989

4. FEI Number
65-0101177

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALVER, GLADYS
11480 SW QUAIL ROOST DR
MIAMI FL 33157-6526

81 Name GALVER, GLADYS
82 Street Address (P.O. Box Number is Not Acceptable)
11480 SW QUAIL ROOST DR.
83
84 City MIAMI FL 85 Zip Code 33157

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME GALVER, GLADYS
STREET ADDRESS 11480 SW QUAIL ROOST DR
CITY-ST-ZIP MIAMI FL 33157-6526

1.1 TITLE S
1.2 NAME GALVER, GLADYS
1.3 STREET ADDRESS 11480 SW QUAIL ROOST DR.
1.4 CITY-ST-ZIP MIAMI, FL 33157-6526

TITLE PT
NAME GALVER, EDUARDO
STREET ADDRESS 11480 SW QUAIL ROOST DR
CITY-ST-ZIP MIAMI FL 33157-6526

2.1 TITLE PT
2.2 NAME GALVER, EDUARDO
2.3 STREET ADDRESS 11480 SW QUAIL ROOST DR.
2.4 CITY-ST-ZIP MIAMI, FL 33157-6526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4/12/99 305-232.724
Date Daytime Phone #