Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90275 018 ***150.00

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

DOCUMENT # **K80276**

1. Corporation Name

LAS DELICIAS DEL MAR, INC.

						-1	S IMBEMILL MAT EMEIL MATCH LINGS CAMEN WEST MINIS A	tille timit asmi	BISH BISH INST	
Principal Place of Business Mailing Address						}				
C/O CASTILLO, CARLOS A. CASTILLO				ļ						
564 E. HIALEAH	564 E HIALEAH DR.									
HIALEAH FL 33	010	HIALEAH FL 33010	ALEAH FL 33010			DO NOT WRITE IN THIS SPACE				
US							3. Date Incorporated or Qualifed			
							04/14/1989			
Principal Place of Business 2a. Mailing Address							FEI Number		Applied For	
21 26							65-0120245	<u> </u>	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certificate of Status Desired	\$8.75	Additional	
22 27						5.	Certifcate of Status Desired	Fee F	Required	
City & State City & State						В	Election Campaign Financing	\$5.00	May Be	
23	28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	ntry		g	This corporation owes the current year int	angible		
	25		30	٠		T .	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre		30	Ι			Name and Address of New Registered	Agent		
	9. Name and Address of Curte	in Registered Agent		81	Name	10.				
DE A	ARMAS, WILLIAM					_				
641 E 23RD ST				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			1	
HIALEAH 33013										
HIAL	EAN 33013			83						
				84	City			85 Zig	Code	
							FL	<u>.</u> ' '	i	
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the a	bove	-named corpo	ration	submits this statement for the purpose of	changing i	ts registered	
office or r	edistered agent, or both, in the State	eot Florida. Such change was au	unonzec	י עם נ	tne corporatioi	n's bo	pard of directors. I hereby accept the appoint	intment as	registered	
agent. i a	m familiar with, and accept the obliga	ations of, Section 607.0005, Fior	iua Siai	uico.	•				}	
SIGNATURE	Signature, typed or printed name of registered age	ANOTE:	Penistered	Azen	t signature required	when re	einstating) DATE			
42		ND DIRECTORS	13.	Agon	t agriculto raquira		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
TITLE	P	DELETE	1,1 11	ΠF	- 1		ADDITIONO/OFF/ATOES TO GET TO ELECTRICATE	Change		
	•		1.2 N		1			_ '	_	
NAME	DE ARMAS, WILLIAM	•								
STREET ADDRESS	641 E 23RD ST		1.3 S	reet	ADDRESS				1	
CITY-ST-ZIP	HIALEAH FL		_	TY-S1	r-ziP					
TITLE	☐ DELETE		2.1 Tf	2.1 TITLE				☐ Change	e ☐ Addition	
NAME			2.2 N	AME					1	
STREET ADDRESS			2.3 S	REET	ADDRESS				1	
CITY-ST-ZIP			2.40	ITY-S	T-ZIP					
TITLE		DELETE	3.1 11			-		☐ Change	Addition	
NAME			3.2 N						\	
					ADDRESS					
STREET ADDRESS			ŀ						j	
CITY-ST-ZIP			-	πγ-s	1-219			Change	e Addition	
TITLE		☐ DELETE	4.1 TI					Change	- LAGGON	
NAME			4.2 N	AME						
STREET ADDRESS	•		4.3 S	TREET	ADDRESS				ļ	
CITY-ST-ZIP			4.4 C	TY-\$	T-ZIP					
TITLE		☐ DELETE	5,1 TI	TLE				Change	e 🗀 Addition	
NAME			5.2 N	AME					ļ	
STREET ADDRESS			5.3 S	TREET	ADDRESS				ļ.	
			5.4 C	TY-SI	T-ZIP				ļ	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI		*			☐ Change	e Addition	
THE										

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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP