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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

A.M.L.	MENT # K815 L. CORPORATION		(4)						
incipal Place (of Business	M	ailing Address			1 184 IQTH QQL 1848 FEQQT QITHE Q	HULUU UUU T		II OTANI OTAH IAON
C/O ANTONIO & MIREYA PENA 11535 N. W. 58 COURT HIALEAH FL 33012			C/O ANTONIO & MIREYA PENA 11535 N. W. 58 COURT HIALEAH FL 33012						
				-		3. Date Incorporated or Qualified 04/19/1989		of Last Re 0/30/19	
Principal Plac	ce of Business	2a.	Mailing Address			4. FEI Number			Applied For
2000		26				65-0112419			Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State			City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing			May Be
		28				Trust Fund Contribution			to Fees
Zipi	Country	L	Ζip		ountry	8. This corporation has liability or		k under s	199.032,
	25 9. Name and Address of Curre	29	lered Acent	30		Florida Statutes Yes	s 🗌 No	l dans	
	3. Hand and Address of Care	ant regia	no o Agent		B1 Name	10, realine and Address of New I	ueðistaten y	(gent	
PENA.	ANTONIO & MIREYA PENA				82 Street Ado	ress (P.O. Box Number is Not Acceptal	hle)		
	NW 58TH CT					1655 (F.O. DOX Holling) to Not Noceptal			
HIALEA	H FL 33012				83				
					B4 City			85 Zip	Code
					1 1 1		FL		
. Pursuant to	the gravisions of Sections 607 050	2 and 60	7 1508 Florida Stal	tutes the ab	hove-named corno	oration submits this statement for the nu	rnose of cha	naina ite r	enistered office
. Pursuant to or registere familiar with	o the provisions of Sections 607.050 of agent, or both, in the State of Flor n, and accept the obligations of, Sec	2 and 60 rida. Such otion 607.	7.1508, Florida Stal i change was autho 0505, Florida Statul	tutes, the ab orized by the tes.	bove-named corpo e corporation's boa	oration submits this statement for the puard of directors. I hereby accept the app	urpose of cha pointment as	nging its registered	egistered offici agent. I am
GNATURE .								nging its r registered	egistered office agent. I am
GNATURE ,	iligi ature, typed or printed name of registeres agen	rt and the if.	ayy lication	(NQTE Register	ed Agent signature requir	ed when reinstating)	DATE		
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