

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90291 008 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

AD PROM CORPORATION ✓

Principal Place of Business

Mailing Address

5901 NW 151 ST SUITE 112  
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05-04-89

4. FEI Number

6510137878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
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 SAME

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANUEL F. PAZ  
7760 W 20 AV SUITE #21  
HIALEAH FL 33016

81 Name

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

Signature of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
MANUEL F. PAZ  
STREET ADDRESS  
7760 W 20 AV SUITE #21  
CITY-ST-ZIP  
HIALEAH FL 33016

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
V. PRESIDENT  
ROGER PUJALT  
STREET ADDRESS  
7760 W 20 AV SUITE #21  
CITY-ST-ZIP  
HIALEAH FL 33016

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
GINA O. PAZ  
STREET ADDRESS  
7760 W 20 AV ST #21  
CITY-ST-ZIP  
HIALEAH FL 33016

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
TREASURER  
NORMA CHIOZZA  
STREET ADDRESS  
7760 W 20 AV SUITE #21  
CITY-ST-ZIP  
HIALEAH FL 33016

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-99 305-8273700

Date

Daytime Phone #

CR2E034 (11/98)