

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K96154**

1. Corporation Name
EVEBA OF FLORIDA, INC.

Principal Place of Business

141 SW 19TH RD
MIAMI FL 33129-422
US

Mailing Address

1985 NW 88 CT
SUITE 101
MIAMI FL 33172
US

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90016 028 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1989

4. FEI Number

65-0129939

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.



Yes



No

2. Principal Place of Business

21 **1985 NW 88th Court**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 **Ste. 101**

27 Suite, Apt. #, etc.

23 City & State

23 **Miami, FL**

28 City & State

24 Zip

24 **33172**

25 Country

25 **USA**

29 Zip

29 **33172**

30 Country

30 **USA**

9. Name and Address of Current Registered Agent

CABEZA, MANUEL E.
175 N.W. FIRST AVENUE
ELEVENTH FLOOR
MIAMI FL 33128

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **CASTRO, RICARDO**

STREET ADDRESS **9965 NW 88 AVE.**

CITY-ST-ZIP **MEDLEY FL**

TITLE **VDT** ☐ DELETE

NAME **CASTRO, JOSE R.**

STREET ADDRESS **9965 NW 88 AVE**

CITY-ST-ZIP **MEDLEY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE



Change



Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1985 NW 88th Court Ste. 101
Miami, FL 33172

2.1 TITLE



Change



Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1985 NW 88th Court Ste. 101
Miami, FL 33172

3.1 TITLE



Change



Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE



Change



Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE



Change



Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE



Change



Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Date

(305) 593-2644

Daytime Phone #

CR2E034 (5/99)