

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90016 049 ***550.00

DOCUMENT # L01207

1. Corporation Name
LISY CORP.



Principal Place of Business
2620 W. 2ND AVE.
HIALEAH FL 33010
US

Mailing Address
1065 NE 125TH ST.
SUITE 317
N. MIAMI FL 33161-5832
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3400 NW 67st
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip Country
24 33147 25 USA
2a. Mailing Address
26 3400 NW 67st
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip Country
29 33147 30 USA

3. Date Incorporated or Qualified
07/10/1989

4. FEI Number
65-0150122

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CUAN, MANUEL CHONG, JR.
8370 W FLAGLER ST
STE. 248
MIAMI FL 33144

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	EHEMENDIA, ALBERICO	3400 NW 67TH ST	MIAMI FL 33147	<input type="checkbox"/>
VD	EHEMENDIA, MARISEL	3400 NW 67TH ST	MIAMI FL 33147	<input type="checkbox"/>
SD	EHEMENDIA, MARIO	3400 NW 67TH ST	MIAMI F 33147	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Marisel Echemendia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0234814