

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90048 016 ***150.00

DOCUMENT # L17828

1. Corporation Name
PIOS & SONS ENTERPRISES, INC.

Principal Place of Business

~~8105 W 20th Ave~~
~~Hialeah FL 33014~~
US

Mailing Address

~~8105 W 20th Ave~~
~~Hialeah FL 33014~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1989

4. FEI Number
65-0198879

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

21 9316 Collins Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 9316 Collins Avenue
Suite, Apt. #, etc.

City & State

23 Surfside Florida

City & State

28 Surfside Florida

Zip Country
24 33154 25 USA

Zip Country
29 33154 30 USA

9. Name and Address of Current Registered Agent

~~ORTIZ, HECTOR M JR~~
~~8105 W 20th Ave~~
~~Hialeah FL 33014~~

Note - No person change
His name is wrong.

10. Name and Address of New Registered Agent

81 Name

Ortiz, Hector M

82 Street Address (P.O. Box Number is Not Acceptable)

9316 Collins Avenue

83

84 City

Surfside

FL

85 Zip Code
33154

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

Hector M Ortiz President

3-31-99

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 ~~ORTIZ, HECTOR M JR~~
STREET ADDRESS ~~8105 WEST 20TH AVE~~
CITY-ST-ZIP ~~HIALEAH FL 33014~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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
12 NAME Ortiz, Hector M.
13 STREET ADDRESS 9316 Collins Avenue
14 CITY-ST-ZIP Surfside FL 33154

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Hector M Ortiz President

3-31-99

305-819-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0131291

CR2F034 (4/1/98)