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

DOCUMENT # L38913

PIEDRA, MANUEL A.

FLOATING FURMALS, INC.					
Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE			
8444 SW 8 ST MIAMI FL 33144	8444 SW 8 ST MIAMI FL 33144				
		3. Date Incorporated or Qualifed . 12/21/1989			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number			
21	26	65-0185674			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired Series Fellows			
City & State	City & State	6. Election Campaign Financing \$5. Trust Fund Contribution Add			
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.			

9. Name and Address of Current Registered Agent

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90043 016 ***150.00



10. Name and Address of New Registered Agent

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

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

ŒNo

8444 SW 8TH ST 28TH FLOOR MIAMI FL 33144			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 185 Zip Code					
			83						
			84 City		<u>FL</u>	- -			
office or re	to the provisions of Sections 607.0502 and 607 egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of, S	Such change was au	itnorized by the corporati	poration submits this stater on's board of directors. I h	ment for the purpose of ereby accept the appo	changing its r intment as reg	egistered istered		
SIGNATURE		(NOTE)	Registered Agent signature require	ed when reinstating)	DATE				
12.	Signature, typed or printed name of registered agent and title if a OFFICERS AND DIRECTOR		13.		SES TO OFFICERS AF	ND DIRECTOR	RS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	Addition		
	PIEDRA, MANUEL H.		1.2 NAME	• *					
NAME	8444 SW 8 ST		1.3 STREET ADDRESS						
STREET ADDRESS	MIAMI FL		1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	VP	DELETE	2.1 TITLE			Change	Addition		
	PIEDRA, MANUEL A.		2.2 NAME						
NAME	8444 SW 8 ST		2.3 STREET ADDRESS	,					
STREET ADDRESS	MIAMI FL		2. 4 CITY-ST-ZIP	· ·		•			
CITY-ST-ZIP TITLE	DS	☐ DELETE	3.1 TITLE			Change	Addition		
NAME	PIEDRA, OLGA		3.2 NAME						
STREET ADDRESS	8444 SW 8 ST		3.3 STREET ADDRESS		44	1.7 2.70	of acceptor		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP						
TITLE	D	☐ DELETE	4.1 TITLE			Change f	Addition		
NAME	PIEDRA, MIRIAM		4, 2 NAME						
STREET ADDRESS	8444 SW 8TH ST		. 4.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP						
TITLE	T	☐ DELETE	5.1 TITLE			Change	Addition		
NAME	VENTO, NANCY		5.2 NAME	71 g					
STREET ADDRESS	8444 SW 8 ST		5.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition		
NAME			6.2 NAME			;			
STREET ADDRESS			6.3 STREET ADDRESS						
CITY, ST. 7IP	•		6.4 CITY-ST-ZIP			:			
14. I hereby o	certify that the information supplied with this filin	g does not qualify for	the exemption stated in	Section 119.07(3)(i), Florid	la Statutes. I further ce	rtify that the in	iformation		

Name

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.

Travel A. Piedm 1/24/99