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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # **L43215** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90083 001 \*\*\*158.75



| 1. Corporation Name |  |
|---------------------|--|
| APEC OF MIAMI, INC. |  |
| · .                 |  |
| •                   |  |

| Principal Place | of Business  | Mailing Address                  |             |                        | · realises an allege sills seem than any          |              |                |
|-----------------|--|----------------------------------|-------------|------------------------|---|--------------|----------------|
| 10925 NW 27TH   | I.ST   | % EDUARDO ANTON                  |             |                        |   |              |                |
| MIAMI FL 33172  | ?  | 1385 CORAL WAY SUITE 406         |             |                        | DO NOT WRITE IN TH                                | IS SPACE     |                |
| US              |  | MIAMI FL 33145                   |             |                        | 3. Date Incorporated or Qualifed                  |              |                |
|                 | •  |                                  |             | •                      | 01/18/1990  |              | j              |
| 2 Principal Pl  | ace of Business  | 2a. Mailing Address              |             |                        | 4. FEI Number                                     |              | Applied For    |
| <del></del>     | ace of business  | 26                               |             |                        | 65-0214994  | <b>1—</b> +− | Not Applicable |
| Suite, Apt. 3   | # etc*   | Suite, Apt. #, etc.              | •           |                        |   | \$8.75       | Additional     |
| 22              | , 0.0.   | 27                               |             |                        | 5. Certifcate of Status Desired                   |              | Required       |
| City,& State    |  | City & State                     |             |                        |   | <b>\$5.0</b> | 0-May.Be       |
| 23              | <u> </u>   | 28                               |             | _                      | Trust Fund Contribution                           |              | d to Fees      |
| Zip             | Country  | Zip                              | Countr      | у                      | 8. This corporation owes the current year         | Intangible   |                |
| 24              | 25   | 29 30                            |             |                        | Personal Property Tax.                            | Yes          | X No           |
|                 | 9. Name and Address of Current   | Registered Agent                 |             |                        | 10. Name and Address of New Registere             | d Agent      |                |
|                 | _  |                                  | 8           | 1 Name                 |   |              |                |
|                 | on, eduardo  |                                  | 8:          | 2 Street Add           | iress (P.O. Box Number is Not Acceptable)         | <del></del>  |                |
|                 | CORAL WAY  |                                  | 8           | - J. 361 A00           |   | <u> </u>     |                |
|                 | E 406  |                                  | 8           | 3                      |   | -            |                |
| MIAN            | /II FL 33145   |                                  | ļ_          | 4 00                   |   | . 85 Zi      | p Code         |
|                 |  |                                  | 8           | 4 City                 | F   | L   °        | b code         |
| 11. Pursuant    | to the provisions of Sections 607.0502   | and 607.1508, Florida Statutes,  | the abo     | ve-named cor           | poration submits this statement for the purpose   | of changing  | its registered |
| -40             | egistered agent, or both, in the State of m familiar with, and accept the obligation | t Elocida. Such change was allth | വലാലെ വ     | v the corporat         | ion's board of directors. I hereby accept the app | oointment as | registerea     |
| SIGNATURE       | Signature, typed or printed name of registered agent                                 | AND Y STREET (NOTE: D.           | -intered Ac | ent nionature requir   | red when reinstating) DATE                        | <u> </u>     | <del></del>    |
| 12.             | OFFICERS AND   |                                  | 13.         | Bix aignature requi    | ADDITIONS/CHANGES TO OFFICERS                     | AND DIREC    | TORS IN 12     |
| TITLE           | D .  | ☐ DELETE                         | 1.1 TITLE   |                        |   | ☐ Chang      | e Addition     |
| NAME            | VEGA, GLADYS T.  | _                                | 1.2 NAME    |                        |   |              | Ì              |
| STREET ADDRESS  | 10925 NW 27TH STREET   |                                  | ŀ           | ET ADDRESS             |   |              |                |
|                 | MIAMI FL   |                                  | 1.4 CITY-   |                        |   | •            |                |
| CITY-ST-ZIP     | DP .   | ☐ DELETE                         | 2.1 TITLE   |                        |   | Chang        | e Addition     |
| 1               | VEGA, MANUEL A III   |                                  | 2.2 NAME    |                        |   |              |                |
| NAME            |  |                                  |             | ET ADDRESS             | •   |              |                |
| STREET ADDRESS  | 10925 NW 27TH STREET   |                                  |             |                        |   |              |                |
| CITY-ST-ZIP     | MIAMI FL   | [] DELETE                        | 2.4 CITY    |                        |   | Chang        | e Addition     |
| TITLE           | DST  |                                  | 3.1 TITLE   | معن ( المنتز المستنسسة |   | تنجم نتيس    |                |
| NAME            | VEGA, PETER M.   |                                  | 3.2 NAME    | - 1                    |   |              |                |
| STREET ADDRESS  | 0925 NW 27TH ST.   |                                  |             | ET ADORESS             |   |              |                |
| CITY-ST-ZIP     | MIAMI FL   | ☐ DELETE                         | 3.4. CITY   |                        |   | ☐ Chanc      | ge Addition    |
| गार्ष           |  |                                  | 4.1 TITLE   |                        |   |              |                |
| NAME            | •  |                                  | 4. 2 NAM    |                        |   |              |                |
| STREET ADDRESS  | •  |                                  |             | ET ADDRESS             |   |              |                |
| CITY-ST-ZIP     |  |                                  | 4.4 CITY    |                        |   | - Chang      | Addition       |
| ππLE            |  | ☐ DELETE                         | 5.1 TITLE   |                        |   | ☐ Chang      | ge             |
| NAME            |  |                                  | 5.2 NAME    |                        |   |              |                |
| STREET ADDRESS  | , ,  |                                  |             | ET ADDRESS             |   |              |                |
| CITY-ST-ZIP     |  |                                  | 5.4 CITY    |                        |   |              |                |
| TITLE           | ·  | ☐ DELETE                         | 6.1 TITLE   |                        |   | Chang        | ge             |
| NAME            | ·  |                                  | 6.2 NAMI    | •                      |   |              | ţ              |
| STREET ADDRESS  | •  | _                                | 6.3 STRE    | ET ADDRESS             |   |              | ĺ              |
| C(TY-ST-ZIP     |  | •                                | 6.4 CITY    | ST-ZIP                 |   |              |                |

CfTY-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 feceiver of rustree 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 op an attachment and other like empowered.

SIGNATURE:

(305) 599-4854