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 08, 1999 8:00 am Secretary of State

04-08-1999 90009 050 ***150.00

DOCUMENT # 1 49695

1. Corporation	SONS, INC.	o					
Principal Place	e of Business	Mailing Address		****	T (BAISAL) AN ANAL IBNA PINA ENAL AND	A MINDE NINGER AL	DI) BIBII (BBI
3275 CORAL WAY P.O. BOX 143527							
MIAMI FL 33145 MIAMI FL 33114-0527 US					_		
					DO NOT WRITE IN THIS SPACE		
ļ					3. Date Incorporated or Qualifed)
					02/07/1990		
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number		lied For
21				<u>. </u>	65-0265045		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A Fee Red	
22 27 27 City & State 27 City & State			-				
City & Stat	• = = =	<u>⊢¬</u>			6. Election Campaign Financing	\$5:00 Added to	
23	Country		Countr		Trust Fund Contribution		rees
Zip			30		8. This corporation owes the current year Intan Personal Property Tax.		□No
24	9. Name and Address of Curre		301		10. Name and Address of New Registered A		
	9. Name and Address of Curr	ant Vediarated Agent		1 Name	10. Team o and readings of their registered re		
RUIZ	Z, CARLOS A.			<u> </u>			
1741 SW 133 TERR.			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
	MAR FL 33027		8:	3			
*****			"	٦	<u> </u>		
			8	4 City	FL	85 Zip C	ode
<u></u>		500 1000 1500 51 11 October			oration submits this statement for the purpose of cl on's board of directors. I hereby accept the appoint	anging ite	registered
SIGNATURE	Signature, typed or printed name of registered at			ent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
12. TITLE		AND DIRECTORS	13. 1.1 TITLE			Change	Addition
	PSTD CARLOS A	- Dette:/c	1.2 NAME				
NAME	RUIZ, CARLOS A	•		ET ADDRESS			
STREET ADDRESS	1741 SW 133 TERR			1	•		
CITY-ST-ZIP TITLE	MIRAMAR FL VP	☐ DELETE	1.4 CITY- 2.1 TITLE			Change	Addition
	RUIZ, JOAQUIN R. S		2.2 NAME				_
NAME	471 E 52ND ST			ET ADDRESS			
STREET ADDRESS	· '		2.4 CITY				
CITY-ST-ZIP	HIALEAH FL	DELETE	3.1 TITLE			☐ Change	Addition
NAME	المان		3.2 NAME				
STREET ADDRESS	1 7			ET ADDRESS			l
							1
CITY-ST-ZIP							
IππE ¹	•	DELETE	3.4. CITY-	-ST-ZIP		☐ Change	Addition
MAME	hit	☐ DELETE	3.4. CITY- 4.1 TITLE	-ST-ZIP	<u> </u>	☐ Change	Addition
NAME	Afrik	☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAMI	-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAM 4.3 STRE	- ST-ZIP E ET ADDRESS	,	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAMI	- ST-ZIP E ET ADDRESS - ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE 4. 2 NAMI 4.3 STRE 4.4 CITY-	-ST-ZIP E ET ADDRESS -ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY- 4.1 TITLE 4. 2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	-ST-ZIP E ET ADDRESS -ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.4. CITY- 4.1 TITLE 4. 2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	E E ET ADDRESS ST- ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.4. CITY- 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	E E ET ADDRESS ST- ZIP EET ADDRESS ST- ZIP EET ADDRESS ST- ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAMI 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	E E ET ADDRESS ST- ZIP E E ET ADDRESS ST- ZIP ST- ZIP		☐ Change	☐ Addition

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, egon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

*305-*577-9*908*