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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90114 006 ***150.00

DOCUMENT # L51735

1. Corporat on Name

PAPA & DAUGHTER'S BARRER SHOP INC

Principal Place	e of Business	Mailing Address				1 11	***************************************	******		1011 61411 21211	• • • • • • • • • • • • • • • • • • • •
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						3. Date in 02/21	corporated or Qu	anteo			
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21 Suite, Apt. :	# etc	Suite, Apt. #, etc.			-+						Ac ditional
22	, c.c.	27				Certifca	te of Status Des	ired			equired
City & State		City & State				6. Election	Campaign Fina	ncina		\$5.00	May Be
23		28					and Contribution	- 0		•	to Fees
Zip	Country	Zip	Count	try		8. This co	rporation owes th	e currer	nt year Int	angible	
24	25	29	30			Person	al Property Tax.			Yes	[]No
	9. Name and Address of Curre	ent Registered Agent			1	0. Name	and Address of	New Re	gistere d	Agent	
			3	31 Nam	• ///	a == == ==	Non	دے			
	EZ, ODALYA		8	32 Stree	t Address	(P.O. Box	Number is Not A	cceptab	le)		+
	2 SW 121 AVE				197	. حدى	5°. W. 1	1	1400		
MIAN	<i>I</i> II FL 33177		[8	33							
			-	34 City						85 Zip	Code
				′	17	icm.			FL	. 33	///
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	les, the abo	ve-name	d corporat	tion submit	s this statement	or the po	urpose of	changing its	registered
office crre	egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Florida. Such change was a gations of, Section 607/0505, Fla	iuthorized l orida Statut	by the cor	poration s	board of (irectors, i nereby	accept	tile abt of	nunent as a	og stereu
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	I-CMCULA 1	11 /1600		Vin	بدهم				حن	1349	•
SIGNATUFE	Signature, typed or printed na ne of register	17500		VUN					DATE	1349	
SIGNATUFE	Signature, typed or printed na ne of registered at	gen and title if applicable. (NOT ANL) DIRECTORS	· /	VUN			NS/CHANGES	O OFFI	DATE	D DIRECT	OF:S IN 12
SIGNATUFE	Signature, typed or printed na ne of registered of P	Gent and title if applicable. (NOT	: Registered A	Oct no			NS/CHANGES	TO OFFI	DATE		
SIGNATUFE 12.	Signature, typed or printed na ne of register of P NUNEZ, MARIA	gen and title if applicable. (NOT ANL) DIRECTORS	Registered A	gent signatur			ONS/CHANGES	TO OFFI	DATE	D DIRECT	OF:S IN 12
SIGNATUF E 12. TITLE	Signature, typed or printed na ne of register of P NUNEZ, MARIA 19732 SW 121 AVE	gen and title if applicable. (NOT ANL) DIRECTORS	13. 1.1 TITL 1.2 NAM	gent signatur	e required whe		NS/CHANGES	O OFFI	DATE	D DIRECT	OF:S IN 12
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SIGNATUF E 12. TITLE NAME STREET ADDRESS	Signature, typed or printed na ne of register of P NUNEZ, MARIA 19732 SW 121 AVE	gen and title if applicable. (NOT ANL) DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signatur E E EET ADDRES	e required whe		INS/CHANGES	O OFFI	DATE	D DIRECT	OF:S IN 12
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0"(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
