Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **L58953** 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

SANCHEZ FARMS CORP.

Principal Place of Business

Principal Place of Business 5101 SW 122ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL 33175

21

22

23

24

Mailing Address

5101 SW 122ND AVE MIAMI FL 33175

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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29

## **FILED** Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90036 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

03/21/1990

65-0181844

4. FEI Number

SANCHEZ, ALINA 5101 SW 122ND AVE MIAMI FL 33175  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, young or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TITLE P DELETE 11. ITILE SANCHEZ, LAZARO G. STREET ADDRESS CITY-ST-ZIP MIAMI FL 13. STREET ADDRESS CITY-ST-ZIP MIAMI FL 14. CITY-ST-ZIP MIAMI FL 22. NAME SANCHEZ, ALINA C. 22. NAME STREET ADDRESS MIAMI FL 24. CITY-ST-ZIP MIAMI FL 24. CITY-ST-ZIP MIAMI FL 32. NAME SANCHEA, GUSTAVO A. 31. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33. ADDITIONS/CHANGES TITLE Q DELETE 31. TITLE NAME SANCHEA, GUSTAVO A. 31. STREET ADDRESS CITY-ST-ZIP MIAMI FL 42. NAME SANCHEA, GUSTAVO A. 33. STREET ADDRESS MIAMI FL 42. NAME SANCHEA, GUSTAVO A. 33. STREET ADDRESS MIAMI FL 42. NAME SANCHEA, GUSTAVO A. 43. STREET ADDRESS	or the purpose of changing its registered accept the appointment as registered  DATE O OFFICERS AND DIRECTORS IN 12 Change Addition  Change Addition
5101 SW 122ND AVE MIAMI FL 33175  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement if office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TITLE  PAME  SANCHEZ, LAZARO G.  STREET ADDRESS  STREET ADDRESS  CITY. ST. ZIP  MIAMI FL  ST  DELETE  1.1 TITLE  ST  DELETE  1.1 TITLE  ST  LA CITY-ST-ZIP  TITLE  ST  DELETE  2.1 TITLE  2.2 NAME  SANCHEZ, ALINA C.  2.3 STREET ADDRESS  MIAMI FL  DELETE  V  DELETE  3.1 TITLE  V  NAME  SANCHEA, GUSTAVO A.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  MIAMI FL  DELETE  3.4 CITY-ST-ZIP  TITLE  NAME  SANCHEA, GUSTAVO A.  STREET ADDRESS  STREET ADDRESS  MIAMI FL  DELETE  4.1 TITLE  NAME  NAME  A 2 NAME	or the purpose of changing its registered accept the appointment as registered  DATE O OFFICERS AND DIRECTORS IN 12 Change Addition  Change Addition
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE    P	O OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
12. OFFICERS AND DIRECTORS  TITLE P DELETE 1.1 TITLE SANCHEZ, LAZARO G. 1.2 NAME STREET ADDRESS 5101 SW 122ND AVE 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP TITLE ST NAME SANCHEZ, ALINA C. STREET ADDRESS 5101 SW 122ND AVE 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP TITLE V NAME SANCHEA, GUSTAVO A. STREET ADDRESS 5101 SW 122ND AVE 3.1 TITLE V NAME SANCHEA, GUSTAVO A. STREET ADDRESS 5101 SW 122ND AVE 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP TITLE NAME SANCHEA, GUSTAVO A. STREET ADDRESS 5101 SW 122ND AVE 3.3 STREET ADDRESS A.4 CITY-ST-ZIP TITLE NAME DELETE 4.1 TITLE NAME	O OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
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STREET ADDRESS	
CITY-ST-ZIP         MIAMI FL         14 CITY-ST-ZIP           TITILE         ST         □ DELETE         2.1 TITLE           NAME         SANCHEZ, ALINA C.         22 NAME           STREET ADDRESS         5101 SW 122ND AVE         2.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL         2.4 CITY-ST-ZIP           TITLE         V         □ DELETE         □ 3.1 TITLE           NAME         SANCHEA, GUSTAVO A.         32 NAME           STREET ADDRESS         5101 SW 122ND AVE         33 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL         □ DELETE         4.1 TITLE           NAME         4.2 NAME         4.2 NAME	
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TITLE V DELETE 2.3.1 TITLE  NAME SANCHEA, GUSTAVO A. 32 NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  DELETE 2.3.1 TITLE  3.3 STREET ADDRESS  3.4. CITY- ST-ZIP  TITLE  NAME  DELETE 4.1 TITLE  4.2 NAME	
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CITY-ST-ZIP         MIAMI FL         34. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME	
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TIME DELETE 6.1 TIME	Change Addition
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AA ATTIFET ADDRESS	
STREET AUURESS	
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 Sta	

Country

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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.