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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66894

## REINALDO HERNANDEZ ## REINALDO ##	Principal Place of Business	
## REINALDO HERNANDEZ ## REINALDO ##	Principal Place of Business Mailing Address % REINALDO HERNANDEZ % REINALDO HERNANDEZ 7278 NW 66 ST 7278 NW 66 ST MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/19/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 21 26 65-0189959 Not Apr	
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City & State City & State City & State Zip Country Zip Country Zip Country Zip Country 3. This corporation owes the current year Intangible Personal Property Tax. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERNANDEZ, REINALDO 7278 NW 66TH ST MIAMI FL 33166 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed riame of registered agent and 918 of applicables (NOTE Registered Agent signature required when reinstailing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZIP Change Ch	E Cortiforte of Status Decired	J
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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 amplied 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 empowed 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

INTED HAME OF SIGNING OFFICER OR DIRECTOR

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90094 022 ***150.00