FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CÓRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L70346**

VICKY CUTTING SERVICE CORP.

Mailing Address Principal Place of Business 870 WEST 25TH ST 870 WEST 25TH ST HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/03/1990 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0200231 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ____ Added to Fees 28 23 Country 8. This corporation owes the current year intangible Country Zip 30 Personal Property Tax. 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REY, ELADINO Street Address (P.O. Box Number is Not Acceptable) 82 ** 870 WEST 25TH ST. HIALEAH FL 33010 83 Zip Code 84 85 City 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 office or 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ DELETE 1.1 TITLE "5-6831-13" TITLE REY, ELADINO 1.2 NAME NAME 870 WEST 25TH ST. 1.3 STREET ADORESS STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition . 🗌 Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZiP CITY-ST-ZIP Addition ☐ Change □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 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 finual report is the 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 of sustee employered 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 or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90010 013 ***150.00