

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90039 050 ***150.00

DOCUMENT # L76295

1. Corporation Name
A-1 MANAGEMENT CORP.

Principal Place of Business
1920 E. HALLANDALE BEACH BLVD.
SUITE 811
HALLANDALE FL 33009
US

Mailing Address
1920 E. HALLANDALE BEACH BLVD.
SUITE 811
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/29/1990

4. FEI Number
59-3031757
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1623 Collins Ave

Suite, Apt. #, etc.
22 909

City & State
23 Miami Beach FL

Zip Country
24 33139 25 USA

2a. Mailing Address
26 1623 Collins Ave

Suite, Apt. #, etc.
27 909

City & State
28 Miami Beach FL

Zip Country
29 33139 30 USA

9. Name and Address of Current Registered Agent

DOMINGUEZ, LUIS
1920 EAST HALLANDALE BEACH BOULEVARD
SUITE 811
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name DOMINGUEZ, Luis
82 Street Address (P.O. Box Number is Not Acceptable)
1623 Collins Ave
83 909
84 City Miami Beach FL FL 85 Zip Code 33139

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 *Luis Dominguez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 27/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME DOMINGUEZ, LUIS
STREET ADDRESS 1920 EAST HALLANDALE BEACH BLVD STE 811
CITY-ST-ZIP HALLANDALE FL

TITLE V
NAME DOMINGUEZ, VIRGINIA
STREET ADDRESS 1920 E HALLANDALE BEACH BLVD STE 811
CITY-ST-ZIP HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1623 Collins Ave #909
1.4 CITY-ST-ZIP Miami Beach FL 33139

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1623 Collins Ave #909
2.4 CITY-ST-ZIP Miami Beach FL 33139

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: *Virginia J. Dominguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27/99 (305) 534-9090
Date Daytime Phone #

CR2E034 (11/98)