## 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

## DOCUMENT # L76653 1. Corporation Name

MIAMI FARRING CREATIONS, INC.

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90030 047 \*\*\*150.00

IAIIUAII FE	THE OIL FROM THE							<b>,</b>
Principal Place	of Business	Mailing Address					<del>.</del> <del>.</del>	
% MARTA TACHER % MARTA TACHER								
11080 SPRINGFIELD PL		11090 SPRINGFIELD PL				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
COOPER CITY FL 33026 COOPER CITY FL 33026			33020					
	•					05/25/1990		
2 Principal Di-	ace of Business	2a. Mailing Addre	ess			4. FEI Number	Apr	lied For
21 Fillicipal Fil	000 01 53011000	26				65-0194560		Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	l II
22		27				Fee Rec		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution Added to Fees		
23		28				Trust Fund Contribution		71 663
Zip	Country	Zip		ountry		This corporation owes the current yea     Personal Property Tax.	r intangible ☐ Yes	□No
24	25	29	30	-		10. Name and Address of New Register		
	9. Name and Address of Curre	nt Registered Agent		81	Name		ì	
TACH	HER, MARTA					(D.O. Day Number is Net Assentable)	<del></del>	
11080 SPRINGFIELD PL				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	·	
	PER CITY 33026			83		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		<b>表现</b>
	7 200 200 200 200					20 10 10 10 10 10 10 10 10 10 10 10 10 10	85 Zip C	ode
					City	poration submits this statement for the purpos on's board of directors. I hereby accept the a	F <b>L</b> !	
agent. I a	m familiar with, and accept the oblig	Jations of, Section 607.	1305, 1 lolida 50	atotos.		on's board of directors. I hereby accept the a	E .	
12.		ND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICER		
TITLE	T	□ D	ELETE 1.1	TITLE	ľ	and the second second	Change	☐ Addition
NAME .	TACHER, MARTA		: 1.2	NAME				
STREET ADDRESS	11080 SPRINGFIELD PL		1.3	STREET	ADDRESS			
CITY-ST-ZIP	COOPER CITY FL			CITY-ST-	ZIP		Change	☐ Addition
TITLE	D			I TITLE		•	onange	
NAME	TACHER, DANIEL			2 NAME				
STREET ADDRESS	11080 SPRINGFIELD PL			3 STREET		•		
CITY-ST-ZIP	COOPER CITY FL			4 CITY-ST	- ZIP		☐ Change	Addition
TITLE				2 NAMÉ				
NAME	<u></u>			2 NAME 3 STREET.	ADDDESS			
STREET ADDRESS				4. CITY-ST		* * * * * * * * * * * * * * * * * * * *		
CITY-ST-ZIP				1 TITLE	1-21		Change	☐ Addition
TITLE				2 NAME				
NAME					ADDRESS			
STREET ADDRESS				4 CITY-ST		meine neben mehm neben der dem betrecht ber bei ber bei ber bei	HATTER TO THE ST	Anne Valler 🖦
CITY-ST-ZIP				1 TITLE			Change	☐ Addition
TITLE			5.5	2 NAME		• • • • • • • • • • • • • • • • • • •		4
NAME OTDEET ADDDESS			5.3	3 STREET	ADDRESS			<b>\$</b> .
STREET ADDRESS			5.	4 CITY-ST	r- ZIP			
CITY-ST-ZIP			ELETE 6.	1 TITLE			Change	☐ Addition
NAME			6.	2 NAME				
STREET ADDRESS	3		6.	.3 STREET	ADDRESS			
SINCE MODRESS			6.	4 CITY-ST	r-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: