## 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 # L94127

FLORIDA GARCIA-MONEO, INC.

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90019 014 \*\*\*150.00



Principal Place	e of Business	Mailing A	Address					
80 WEST 22 ST.			80 WEST 22 ST.					
HIALEAH FL 33031		HIALEAH	HIALEAH FL 33031			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	11110 01 7102	
					•	08/15/1990		
	( D	O- Mailie	ng Address			4. FEI Number		pplied For
	lace of Business	<b>├</b> ─┐ :	ig Address			65-0214483		ot Applicable
Suite, Apt.	# oto	. 26 Suite	, Apt. #, etc.			_		Additional
	#, CIC.	27	, , ф.: 11, 0.0.			5. Certifcate of Status Desired		equired
City & State	Δ		& State			6. Election Campaign Financing	\$5.00	May Be
— ·	•	28				Trust Fund Contribution		to Fees
23   Zip	Country	Zip		Coun	itry	8. This corporation owes the current year	ar Intangible	.1.
24	25	29	[3	30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of	of Current Registered	Agent			10. Name and Address of New Registe	ered Agent	<u> </u>
	The same			1	81 Name	~ `		
	GARCIA			};	82 Street A	ddress (P.O. Box Number is Not Acceptable)		
	LINCOLN TERR			[		The second secon	derice granter base	
, APT			;		83		18.25年4月	
MAN	MI BEACH FL 33139	1 .		·	84 City		85 Zip	
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11. Pursuant	to the provisions of Sections	607.0502 and 607.150	8, Florida Statutes	s, the ab	ove-named c	orporation submits this statement for the purporation's board of directors. I hereby accept the a	se of changing its	s registered
office or r	egistered agent, or both, in t im familiar with, and accept t	the State of Florida. Sut the obligations of, Section	on 607.0505, Flori	da Statu	tes.	allors board of directors. Thereby accept the	appointmont as it	giotorou
SIGNATURE			•	-		·		
SIGNATURE						guired when reinstating) DAT	TF.	
	Signature, typed or printed name of re-				Agent signature rec	,		200 11 40
12.	OFFIC	gistered agent and title if applica CERS AND DIRECTOR	RS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
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14. I hereby certify that the information supplied with this filling 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 of 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 of the regeiver 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: