## 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 # L98402**

. Corporation Name

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90055 007 \*\*\*150.00

Principal Place	e of Business EST 71ST AVENUE	Mailing Address 4564 SOUTHWEST 71ST AVE MIAMI FL 33155-4618	NUE	•	DO NOT WRITE IN THI  3. Date Incorporated or Qualifed 09/04/1990		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					65-0248662		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			<u> </u>		5. Certificate of Status Desired	Fee Required	
City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00	
23	28			Country 8. This corporation owes the current		Added to	o Fees -
Zip	Country	Country Zip Country 25 29 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes \( \subseteq No \)		
24	9. Name and Address of Current Registered Agent			-	10. Name and Address of New Registere		
	*		81	Name			
GARCIA, MANUEL			82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
4564 SOUTHWEST 71ST AVENUE				<u> </u>			
MIM	MI FL 33155		,83	ij			
		•	84	City	F	85 Zip C	Code
ļ.,. <u>.</u>		1007 4500 Flatida Otto 410	451				registered
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		nt signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	<del></del>	RS IN 12
πLE			1.1 TTLE			Change	Addition
NAME	A LO COM AD ATTA SUPPLIES		1.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			1.4 CITY-5 2.1 TITLE	51-ZIP		Change	☐ Addition
NAME			2.2 NAME		•		
STREET ADDRESS	O40 CML 404TH AVENUE			T ADDRESS			
CITY-ST-ZIP	-MIAMI FL		2. 4 CITY-	1			
TITLE			3.1 TITLE		-	Change	Addition
NAME			3.2 NAME	1			
STREET ADDRESS		,	3.3 STREE	TADORESS	· · ·		,
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	DELETE 4.11		4.1 TITLE			Change	Addition
NAME		•	4. 2 NAME	l l			ļ
STREET ADDRESS			4	T ADORESS			1
CITY-ST-ZIP		FIDELETE	4.4 CITY-5	ST-ZIP		Change	Addition
TITLÉ		☐ DELETE	5.1 TITLE 5.2 NAME			□ Suturige	
NAME				T ADDRESS			
STREET ADDRESS	j		5.4 CITY-				
CITY-ST-ZIP	DELETE 6.17					☐ Change	Addition
		ے کورد اد	6.2 NAME			_ •	_
NAME STREET ADDRESS			1	TADORESS			
STREET ADDRESS	l		1				

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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Ph