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 # M09030

TOMAS ORTIZ & ASSOCIATES, INC.

Principal Place of Business
4854 SW 72ND AVE
MIAME EL 221EE

Mailing Address

4854 SW 72ND AVE

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90126 027 ***150.00



MIN (1 30133	MANUAL LE US 133	MANUAL SOLOS		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 12/17/1984			
2. Principal Place of Business 21 49 09 5.W. 715T PC	2a. Mailing Address 26 4909 5. W	715T PL.	4. FEI Number 59-2476000	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 MIAMI FLORIDA	City & State 28 MAH FLO	RIPA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 33155 25 US	Zip 29 33 155 30 Coo	USD.	This corporation owes the current year I Personal Property Tax.	ntangible □Yes □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
ORTIZ, TOMAS 4854 SW 72ND AVE		81 Name 82 Street Addre	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL 33155		83				
		84 City	F	L 85 Zip Code		
11. Pursuant to the provisions of Sections 607	.0502 and 607,1508, Florida Statutes, the a	above-named corpo	ration submits this statement for the purpose of	of changing its registered		

agent. I ar	n familiar with, and accept the obligations of, Section 607.0505, Florid	a Statutes.			,0.0.00			
SIGNATURE	Tours (2)		JOH 5	99				
Signature. Note: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	DP DELETE	1.1 TITLE	ABB/HONO/OFFACES TO CATE	Change	Addition			
ì	ORTIZ, TOMAS	1.2 NAME						
NAME	4854 SW 72ND AVE				(
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS						
CITY-ST-ZIP		1.4 CITY-ST-ZIP			Addition			
TITLE	☐ DELETE	2.1 TITLE		Change	Addition			
NAME		2.2 NAME	•					
STREET ADDRESS		2 3 STREET ADDRESS	سخدر د	1 m 1 m 1 m 1 m 1				
CITY-ST-ZIP		2.4 CITY-ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition			
NAME		3.2 NAME	•		ļ			
STREET ADDRESS		3.3 STREET ADDRESS			ĺ			
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETÉ	4.1 TITLE		Change	☐ Addition			
NAME		4. 2 NAME			ľ			
STREET ADDRESS		4.3 STREET ADORESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP	the state of the s	6.4 CITY-ST-ZIP	in Continue 440 07/07/17 Florida Statuta LE	·	<u></u>			

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

-305-6628976