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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M16156

(5)

BARROSO SISTER INC.

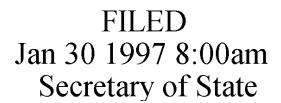
1997

Principal Place of Business

Mailing Address

1180 PALM AVE

1180 PALM AVE



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HIALEAH FL 33010		HIALEAH FL 33010-3919							
				• • • • • • • • • • • • • • • • • • •		e of Last Report 9/1996			
2. Principal Flace of		28. Mailing Address P41		111	4. FEI Number	· · · · · · · · · · · · · · · · · · ·		plied For	
21 /274 /	PALM AVE	26 1274 191	m	IVE	59-2556856		No	t Applicable	
Suite, Apt. #, etc 22	:	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 / Fee Re	Additional equired	
City & State 23 HIALE	inn. Fl.	City & State 28 HIALEAM- FL.			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 330 10	Country DE	29 33010	Countr 30 DA	0+		Yes 🔲 N	No	. 199,032,	
9.	Name and Address of Currer	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	pistered Age	nt		
REYES, E			81	Name					
620 E. 59 HIALEAH	5 ST. FL 33013		8;	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
			83	3					
	(84	City		16	35 Zip	Code	
						FL!			
agent Lam tan	erpd agent or both, in the State in ar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	outhorized b orida Statute	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	the appoin	ment as	registered	
SIGNATURE Signation	are, typed or printed name of registered ag	enr a et tide if applicable (NOTE	Registered Ag	jent signature requ	uired when reinstating)	DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE DP		L] DELETE	1.1 TITLE			L	Change	Addition	
	YES, ELA		1.2 NAME						
OTT EET TROUTE OUT	D E. 55 ST.		1.3 STREE	T ADDRESS					
	NEAH FL	☐ DELETE	1.4 CITY-	ST-ZIP			Change	☐ Addition	
	EJO, ANGELA	☐ DELETE	2.1 TITLE			ليبا	Change	LI AUUIIIUII	
بمما	D E. 55 ST.		2.2 NAME						
LHA	ALEAH FL			T AODRESS					
CITY - S1 - ZIP		DELETE	2. 4 CITY 3.1 TITLE				Change	Addilion	
NAME			3.2 NAME						
STREET ADDRESS				T ADDRESS					
Ctily - ST - ZiP			3.4. CITY	1					
TIME		☐ DELETE	4.1 TITLE				Change	Addition	
NAMÉ			4. 2 NAM	E]					
STREET ADDRESS			4.3 STREE	T ADORESS					
C(TY+ST+ZIP			4.4 CITY -						
TITLE		☐ DELETE	5 1 TITLE				Change	Addition	
NAMÉ			5.2 NAME	1					
STREET ADDRESS			5.3 STREE	T ADORESS					
CITY - ST - ZIP		The same of the sa	5.4 CITY-			·· + · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	6.1 TITLE	1	•	: -	Change	Addition	
NAME			6.2 NAME	1					
STREET ADDRESS				ET ADDRESS					
CITY-SI-ZIP			64 C/TY	ST-ZIP					

14. I do 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 eath; 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 B-ock 12 or Block 13 if changed, or on an attachment with an address.