04231999-90274-002-\$150.00-\$150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Principal Plac	e of Business	Mailing Address						
MAMA FL 3315		MIAMI FL 33155			DO 11	OT MOSTE IN TH	JIC CDACE	
					. Date incorporated or	OT WRITE IN TH	113 STACE	
					06/26/1985			
_	Place of Business	2a. Mailing Address		4	. FEI Number		<u> </u>	oplied For
D:40 Act		Suite, Apt. #, etc.			59-2547762			lot Applicable Additional
Suite, Apt.	. #, etc.	27		5	. Certificate of Status Di	esired 🗆	•	Required
City & Stat	te	City & State		6.	. Election Campaign Fir	1 1		May Ba
3]	Country	Zip	Country		Trust Fund Contribution This corporation owes			to Fees
Zip	25		30	•	Personal Property Tax	_	Yes	□No
4	9. Name and Address of Curre				. Name and Address (of New Register	ed Agent	
GAF	RCIA, CONSTANTINO		i I	RAFI	GEL CE.	Mas		
	07 SW 74 ST		82 St	reet Address (P.O. Box Number is Not	Acceptable)		
	Mi FL 33165		63		<u> </u>			
			84 Ci	tv			. 85 Zip	Code
			1 1	miai	n/	<u>F</u>	L 33	Code /
Pursuant office or agent. 1 a	registered/agent, or both, in the Statem familiar, with/and accept the oblig	te of Florida. Such change was autgations of, Section 607.0505, Flori	s, the above-nai thorized by the o da Statutes.	med corporation s b	on submits this statemen loard of directors. I here	nt for the purpose by accept the ap	pointment as r	egistered
SIGNATURE	Signature typed or printed name of registered ag	~	s, the above-hall thorized by the da Statutes. togrammed Agent algorithms. 13.	ature required when		DATE	20-	ORS IN 12
SIGNATURE	Signatural typed or printed name of registered as OFFICERS A	part and life if applicable. (NOTE: F	Registered Agent signs	ature required when	reinstating)	DATE	20-	ORS IN 12
SIGNATURE 12. IILE IAME	Signature typed or printed name christilleland as OFFICERS A PARCIA, CONSTANTINO	pent and lithe if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME	ature required when	reinstating)	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TILE VAME VITREET ADDRESS	Signatural typed or perithel name of millulared as OFFICERS A PDA GARCIA, CONSTANTINO 41307 CW 74-01	pent and lithe if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME 1.3 STREET ADDIT	ature required when	reinstating)	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TILE JAME STREET ADDRESS STY-ST-ZIP	Signature typed or printed name christilleland as OFFICERS A PARCIA, CONSTANTINO	pent and lithe if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME	ature required when	reinstating)	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TILE IAME TREET ADDRESS TY-ST-ZP TILE	Signatural typed or printed name of regulared as OFFICERS A GARCIA, CONSTANTINO 11307 CW 74-OT -MIAMI FL.	pent and lithe if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME 13 STREET ADDI 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME	ature required when	reinstating)	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TILE MANE STREET ADDRESS ATY-ST-ZIP TILE MANE STREET ADDRESS	Signature typed or printed name of regulared as OFFICERS A CARCIA, CONSTANTINO 11307 SW 74-OT -MIAMI-FE-VD-BAJO, JAIME-10217 S.W. 4-ST.	pent and lithe if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME 2.3 STREET ADDI 2.3 STREET ADDI 2.4 CITY-ST-ZP	ature required when	reinstating)	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. THE IMME ITREET ADDRESS ITY-ST-ZIP THE IMME STREET ADDRESS ITY-ST-ZIP THE IMME STREET ADDRESS	Signature typed or printed name of regulared as OFFICERS A GARCIA, CONSTANTINO 11307 CW 74 OT - MIAMI FE. - BAJO, JAIME 10217 S.W. 4 ST. MIAMI FL.	pent and little if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDI 2.4 CITY-ST-ZP	ature required when	reinstating)	DATE	AND DIRECT	ORS IN 12 Addition
SIGNATURE 12. THE MANE ITREET ADDRESS ATY-ST-ZIP THE MANE STREET ADDRESS STY-ST-ZIP THE MILE MANE STREET ADDRESS	Signature typed or printed name of regulared as OFFICERS A GARCIA, CONSTANTINO 11307 CW 74 OT -MIAMI FL. D-BAJO, JAIME 10217 S.W. 4 ST. MIAMI FL. TD	pent and lithe if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME 2.3 STREET ADDI 2.3 STREET ADDI 2.4 CITY-ST-ZP	ature required when	reinstating)	DATE	AND DIRECT	ORS IN 12 Addition
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