Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90228 033 ***150.00

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 # M22169

1. Corporation Name EL RODEO INVESTMENT CORPORATION					1 : P 0 : 8 0 1 1 1 1 1 1 1 1 1	IN a k a hi alb ik di	OJA OLDAJ OFOJ	ı alə li ələli i əə l	
Principal Plac	e of Business	Mailing Address					HISO LOST OLIĞİL ƏL	815 010 11 8 181	
% HERNANDO	GUTIERREZ V.	% HERNANDO GUTIERREZ V							
10500 S.W. 67 AVE. 10500 S.W. 67 AVE.						DO NOT ME	TE IN TUIC :	SDACE	
MIAMI FL 3315	6	MIAMI FL 33156				3. Date Incorporated or Qualifed	IE IN INIS	SPACE	
						10/18/1985			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-2623574			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing	Π΄		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curr	ent year Inta	ingible □Yes	□No Ì
24	9. Name and Address of Curren	29 3	01			Personal Property Tax. 10. Name and Address of New F	Penistered A		
	9. Name and Address of Curren	it Registered Agent	8	31	Name	to. Name and Addiose of Notice	togioteres r	.80	
V. G	BUTIERREZ, HERNANDO								
10500 S.W. 67 AVE.			8	82 Street Address (P.O. Box Number is Not Acceptable)					
MIAI	MI FL 33156		8	33	•				
								T	
			8	14	City		FL	85 Zip	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statute	es.		·	purpose of control the appoint	tment as r	egistered
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Ri	13.	gent :	signature required	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE .	D	□ DELETE	1,1 TITLE	E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	
NAME	V. GUTIERREZ, HERNANDO		1.2 NAME						1
STREET ADDRESS	10500 S.W. 67 AVE.				ADDRESS	•			į
CITY-ST-ZIP	MIAMI FL		1.4 CITY-		1				
TITLE	D	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	GUTIERREZ, PILAR		2.2 NAME	Ε					
STREET ADDRESS	10500 S.W. 67 AVE.		2.3 STRE	EETA	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	/-ST-	-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE	E		•		☐ Change	Addition
NAME	GUTIERREZ, ALICIA		3.2 NAME	E					Į
STREET ADDRESS	10500 S.W. 67 AVE.		3.3 STRE	EET #	ADDRESS				1
CITY-ST-ZIP	MIAMI FL		3.4. CITY	/-ST	-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE	Ę		•		Change	Addition
NAME	GUTIERREZ, ANA BEATRIZ		4. 2 NAM	Æ					
STREET ADDRESS	10500 S.W. 67 AVE.		4.3 STRE	EET A	ADDRESS				1
CITY-ST-ZIP	MIAMI FL		4.4 CITY-	-ST-	- ZIP				
TITLE	D	☐ DELETE							
NAME	AUTHOROUGH AMARINA	- PÉTETE	5.1 TITLE	E	J		-	☐ Change	Addition
	GUTIERREZ, MARCELA	C DECENE	5.2 NAME	E E	*DOULCO		-	∐ Change	Addation
STREET ADDRESS	10500 S.W. 67 AVE.	O Detty	5.2 NAME 5.3 STRE	E E EETA	ADORESS		-	∐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			5.2 NAME	E E EET <i>A</i> -ST-	i		-	☐ Change	_

CITY-ST-ZIP 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.

3.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS