PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90056 019 ***150.00

DOCUMENT #	M28274
 Corporation Name 	

ROBERTO BRIZUELA & ASSOCIATES, INC.

					{	8811 8 181 01811 81811 WAST WAST WAST	
Principal Place of Business Mailing Address							
C/O ROBERT	to R. Brizuela	C/O ROBERTO R. BRIZUEL	A		Į		
7 20 SIU 10711 07.			DO NOT WD	DO NOT WRITE IN THIS SPACE			
MAIN TE 33	165' 249	MHANNAPL 03165					
	<i>بعجج</i>	UEW ADDRESS	$\overline{}$		3. Date Incorporated or Qualifed	\	
					03/04/1986		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	 	plied For
21		26			<u>59-2786798</u>		t Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22		27		\==		Fee Re	quired
City & St	ate	City & State		- 1	6. Election Campaign Financing	_□ \$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	4	8. This corporation owes the cur		_/
24	25	29	30 1/		Personal Property Tax.	☐ Yes	DZNo_
	9. Name and Address of Cu	rrent Registered Agent	"A.I."		10. Name and Address of New	Registered Agent	
			81	Name Z	COBERTO R. BR	IZUECA	ļ
	RIZUELA, ROBERTO R.		82		dress (P.O. Pox Number is Not Accept		
, ,	30 SAN . 99TH . ET S.	E NEW	102	フラン	23-B WEST A	CAGCOR 81	100
UMI.	AMI 61. 33/168 L	ADDESS	83				
		10125					
			84	City /	114MI	FL 85 Zip C	ode
	T T	SECONDARY STATES OF THE STATES					147
11. Pursuar	nt to the provisions of Sections 607 r registered agent, or both, in the S	.0502 and 607.1508, Florida Statute late of Florida, Such change was au	es, the above othorized by	e-named cor the corporat	poration submits this statement for the tion's board of directors. I hereby acce	e purpose of changing its of the appointment as rec	registered
agent. I	am familiar with, and accept the of	oligations of, Section 607.0505, Flor	ida Statutes			. ,,]
SIGNATURE	E						[
	Signature, typed or printed name of registered			t signature requir	red when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	Brizuela, Roberto R.	15841	1.2 NAME				}
STREET ADDRES	ss 3938 SAVY 99TH ROT	-SEE ISEN SOONESS	1.3 STREE	ADDRESS			ļ
CITY-ST-ZIP	MIAMILEI	BOORESS	1.4 CITY-S	T-ZIP			· i
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME			-	
			2.3 STREET	ANDRESS			
STREET ADDRES	»)					_	
CITY-ST-ZIP	 	☐ DELETE	2. 4 CITY-S 3.1 TITLE	1-4P		Change	Addition
TITLE		L, OELE IE		Į			
NAME			3.2 NAME	ĺ			j
STREET ADDRES	SS .		3.3 STREE	ADDRESS			}
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		•	4. 2 NAME				
OTDECT ADDDED	[ANDRESS			}

6.4 CITY-ST-ZIP 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

☐ Change

Addition

☐ Addition