FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M31642

(5)

FILED
Jan 20 1998 8:00am
Secretary of State

ANCHO	or wood treaters cor	P.			
Principal Plac	e of Business	Mailing Address			(10)1 01011 01911 01011 E1011 1501
2701 EAST 11TH AVENUE 3670 NW 79TH ST.					
HIALEAH FL 33013 MIAMI FL 33147				DO NOT WRITE IN TO	IO CDAOF
		U\$		DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS STACE.
}		·		05/05/1986	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2759859	Not Applicable
Suite, Apt.	#, & IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Žip	Country	Ζφ	Country	8. This corporation owes or has paid the	
24	25 25 Name and Address of Curre	29 Anni Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
TO	RRES, OSCAR	III riogiatorou Agent	81 Name	IV. Name BIO Address of New Hegistore	or Agent
	090 BISCAYNE ISLAND TERRAC	E	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ST	E.204		62 Street Act	cress (r.o. box number is not Acceptable)	
) Mi	AMI FL		83		
			84 City		85 Zip Code
44 Directors	to the provisions of Captions CO7 05/	22 and 607 1609. Elorida Clatut	on the shows named as	Forestion submits this statement for the purpose	
office or r	egistered agent, or both, in the State	o of Florida, Such change was a	authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
	in ramilar with, and accept the oblig	RIOUS OF SECTION SOLVEDS, FIC	onda Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if approable. (NOT	: Registered Agent signature req	uired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TIFLE	TORRES, OSCAR	☐ DELETE	1.1 TOLE		L Change L Addition
NAME STREET ADDRESS	2701 E. 11TH AVE		1.2 NAME 1.3 STHEET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	Ť	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CABRERA, REBECCA		2.2 NAME		
STREET ADDRESS	2701 E. 11TH AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2 4 CiTY-ST-7IP		
TITLE [S TODOTO COCAD ID	DELETE	3.1 TITLE		Change Addition
NAME	TORRES, OSCAR JR. 2701 E. 11TH AVE		3.2 NAME		
STREET ADDRESS	HIALEAH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERVITE	DELETE	3.4. C(TY-ST-Z)P 4.1 T(TLE		Change Addition
NAME			4. 2 NAME		ET comittee ET type (10)
STREET ADDRESS			4.3 STREET ADDRESS		
City-SI-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		☐ DELFTE	6.1 TOLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP		70.74	6.4 CITY - ST - ZIP	440.0-7040.5	

14. Thereby 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 Block 12 or Block 13 if changed, or on an attachment with an address.