FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						FILED				
PROFIT FLORIDA DEPAR				OF S	TATE	May	06 1	199	8 8.	00an
CORPORATION Sandra B						1 ~				
			ry of State		NIC	Sec	reta	itV	of St	ate
1998 DIVISION OF CO				KIIO			1000	J		
1. Corporation	MENT # M401	(-)				I MAIRAII IN AIAII BA	181 (1881) (1188	1111 a 18 11 a 1	nii dirii ridik rid	H Bia ii i an i
Principal Place of Business Mailing Address								.,,,		
* JOSE SOTO 112 S.W. 11 STREET HALLANDALE FL 33009 ** JOSE SOTO 112 S.W. 11 STREET HALLANDALE FL 33009 ** AUGUSTA STREET HALLANDALE FL 33009						DO NOT WRITE IN THIS SPACE				
INCOMPRE	11 4444	THE HAPITED TE SOUP				3. Date Incorporated	r Qualified	-		-
	(0)	The Martin Address				10/16/1986 4. FEI Number			1 14-	aliad Far
2. Principal Pl	ace of Business	2a. Mailing Address				59-2741473				plied For It Applicable
Suite, Apt.	W, etc.	Suite, Apt. #, etc.				5. Certificate of Status	Desired		\$8.75 / Fee Re	Additional
City & State	3	City & State			1	6. Election Campaign	Financing		\$5.00	
23	Country	28 Zip	I Cou	intry		Trust Fund Contribu		Ш	Added 1	
Zıp 24				mury		This corporation ow Personal Property 1				angibie] No
	g. Name and Address of Curr		[30]			10. Name and Addres			Agent	
	ITO, GERMAN			81	Name					
112 S.W. 11 STREET				82	Street Add	ress (P.O. Box Number is I	lot Accepta	ble)		
HA	LLANDALE FL 33009			83						
				84	City			FI	_ 1	Code
11, Pursuant to office or reagent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607.1508, Florida Statu te of Florida Such change was igations of, Section 607.0505, Fi	tes, the al authorize lorida Stat	bove d by lutes	-named corpora	poration submits this stater tion's board of directors. I	ent for the iereby acce	purpose pt the ap	of changing it pointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered in	speciand title if applicable (NO	TE: Registere	d Ager	nt aignature requ	red when re-instating)		DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANG	S TO OFFI	CERS AN		
TITLE	P OOTO JOOF	☐ DELETE	1.1 TI						Change	Addition
NAME	SOTO, JOSE 112 S.W. 11 STREET		1.2 N		ADDRESS					
STREET ADDRESS CITY-ST-ZIP	HALLANDALE FL			INCETA ITY-ST						
TITLE	VTS	☐ DELETE	2.1 TI						Change	Addition
NAME	SOTO, CONSUELO		2.2 N	AME						
STREET ADDRESS	112 S.W. 11 STREET		2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	HALLANDALE FL	DELETE		TITY - S	T- ZIP				Change	Addition
TITLE		בַ סנננונ	3.1 TI 3.2 N						C Change	
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				OTY-S						
TITLE		☐ DELETE	4.1 T						☐ Change	Addition
NAME				IAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 C	ITY-\$1 ITLE	- 61P				☐ Change	Addition
NAME			5.2 N						_	
STREET ADDRESS					ADORESS					
COTY OT THE			540	ITY-SI	r. 7IP					

Pope Los

TITLE

NAME

STREET ADDRESS

DELETE

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

4-26-92

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 is 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.

Change

Addition