Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90175 029 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # MESSOT

1. Corporation FAST LA		<i>'</i>				
Principal Place	of Business	Mailing Address		1 48028811 181 Attan (1110 Attat astit jant ast	11 BIBII 81811 BIBII B	(81) 91911 (991
809 SW 8 ST 7030 SW 72 ST MIAMI FL 33130 MIAMI FL 33143				DO NOT WRITE IN THIS SPACE		
us	•	US		3. Date Incorporated or Qualifed		
· [	4, 1			06/10/1987		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21 26 7720 Su			78 ST	59-2812347	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		3. Certificate of Status Desired	Fee Re	quired
City & State	e (	City & State		6. Election Campaign Financing	\$5:00	
23	<u>.</u>	28 MIANI, F	<u> </u>	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country S	8. This corporation owes the current year		□No
24	25	29 33143 3	<u> </u>	Personal Property Tax.		□ NO
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	a Agent	<del>-</del>
215	DEITO ANTONIO		81 Name			
BARBEITO, ANTONIO			82 Street Ad	ress (P.O. Box Number is Not Acceptable)		
	S.W. 72ND STREET		77	20 SW 78 ST		
MIAN	MI FL 33143		83			
			84 City	<del></del>	. 85 Ziρ C	`ode
			84 City	A21 F	L 1° 3	3743
11. Pursuant office or reagent. I are SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligations Signature, typed or printed name of registered agents.	ations of, Section 607.0505, Florid	, the above-named conorized by the corpora a Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the application when reinstating.	of changing its pointment as reg	registered gistered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	VT OFFICERS A	DELETE	1,1 TITLE		Change	Addition
1	, , ,		1.2 NAME		T	
NAME	BARBEITO, MARIA E.		I .	7720 SW 78 ST		
STREET ADDRESS	7030 SW 72 ST		1.3 STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		
CITY-\$T-ZEP	MIAMI FL	C PELETE	1.4 CITY-ST-ZIP	MIAMI, PL 33143	Change	☐ Addition
TITLE	Ρ .	☐ DELETE	2.1 TITLE		Schlange	E) Addition
NAME	BARBEITO, ANTONIO		2.2 NAME			
STREET ADDRESS	7030 SW 72 ST		2.3 STREET ADDRESS	7720 SW 785T		
CITY-ST-ZIP	MIAMI FL		2, 4 CITY-ST-ZIP	MIAMI, PL 331.43		
TITLE	S	☐ DELETE	3,1 TITLE	•	Change	☐ Addition
NAME	BARBIETO-LOVETT, MARIA T		3.2 NAME			
STREET ADDRESS	6213 SW 147 CT		3.3 STREET ADDRESS	7720 SW 78 31	_	
CITY-ST-ZIP	MIAMI FL 33193		3.4. CITY-ST-ZIP	7720 SW 78 ST MIAMI, FL 33143	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CiTY-ST-ZiP			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	,	Change	Addition
NAME .	·		5.2 NAME	•		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Addition

Change