PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M77252

1. Corporation Name

2-C DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90247 036 ***150.00



2900 W 84 ST		2900 W 84 ST #201				
HIALEAH FL 330	016	HIALEAH FL 33016		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualifed		
				04/20/1988		
	ace of Business	2a. Mailing Address		4. FEI Number	A	oplied For
21 378	9 W . 18 Ave .	26 3789 W.	18 Ave	65-0067707	No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional
22		27		5. Certificate of Status Desired	Fee Re	
City & State	eah, FL	City & State 28 Hialeah	FL	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 330	Country USA	Zip 29 33012 30	Country	1 Grooting troperty turns	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent	
			81 Name	Haccoca Calle Is.		
	rera, carlos Jr.		82 Street A			
7700 S.W. 68TH TERR.				ddress (P.O. Box Number is Not Asceptable)		
MAIM	/II FL		83	70,00		
					· 	
			84 City	Hialeah FL	85 3	Code 30/ 乙
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named c	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	hanging its	registered
office or re	egistered agent or both in the State of	Plorida. Such change was auth	orized by the corpor	ration's board of directors. I hereby accept the appoin	tment as re	egistered
	m ramiliar with also accept the obligation	SAS DI, SECTION 607:0003, FROM	o consider.	210199		. (
SIGNATURE	Signature prod or printer name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature red	quired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	PDS	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	HERRERA, CARLOS JR.		1.2 NAME	Herrera, Carlos Ar	•]
STREET ADDRESS	7700 S.W. 68TH TERR.		1.3 STREET ADDRESS	3789 West 18 Avenue		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Hialesh FL 330	12	
TITLE	DT	☐ DELETE	2.1 TITLE	Luisa M. Rivero	Change	☐ Addition
NAME	LUISA M RIVERO		2.2 NAME	3789 West 18 Ave.	-	į
STREET ADDRESS	2900 W 84 ST		2.3 STREET ADDRESS	3789 West 18 TVC.		İ
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	Hialeal FL 3301:	2_	
TITLE	TICKELPUTTE	☐ DELETE	3.1 TITLE	A 1 DA COM	Change	Addition
NAME			3.2 NAME		_ ,	
STREET ADDRESS		· ·	3.3 STREET ADDRESS			j
			3.4. CITY-ST-ZIP			-
CITY-ST-ZIP TITLE		□ DELETE	4.1 TITLE		☐ Change	Addition
i i		EJ OCCUTE	4, 2 NAME		_ •	_
NAME			4.3 STREET ADDRESS			į
STREET ADDRESS		:				ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
TITLE			5.2 NAME			
NAME			5.3 STREET ADDRESS	•		
STREET ADDRESS.			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	6.1 TITLE	,	Change	[] Addition
TITLE		☐ DELETE	6.2 NAME		- Criange	
NAME			l i			ļ
STREET ADDRESS			6.3 STREET ADDRESS			

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.

SIGNATURE