## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N48608**

1. Corporation Name

HIJOS DE CAYEY, INC.

Principal Place of Business

Mailing Address

2905 STARWOOD DRIVE OVIEDO FL 32765

2905 STARWOOD DRIVE OVIEDO FL 32765

## Mar 23, 1999 8:00 am § Secretary of State

03-23-1999 90022 038 \*\*\*\*61.25



							<b>\</b>
2. Principal Place of Business			2a. Mailing Address				3. Date Incorporated or Qualifed 04/29/1992
Suite, Apt.							4. FEI Number Applied For
22			27				<b>59-314350</b> 3 Not Applicable
City & Sta	te	21	City & State				\$8.75 Additional
23		28	,				5. Certificate of States Desired Fee Required
Zip	Country	201	Zip	С	ountry		6. Election Campaign Financing 55.00 May Be
24	25	29	· -	30	•		Trust Fund Contribution Added to Fees
£ <del>4</del>	9. Name and Address of Current			<u> </u>	π-		10. Name and Address of New Registered Agent
					81	Name	
5004510	W1431 100E						
ROSARIO, JUAN JOSE					82	Street /	t Address (P.O. Box Number is Not Acceptable)
5386 UNI			83				
SUITE 8					"		
WINTER F	PARK FL 32792				84	City	85 Zip Code
			<del></del>				FL
office or	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Flori	da. Such change was au	tnoriz	zed by	tne corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: I	Registe	red Agen	t signature re	e required when reinstating)  DATE
12.	OFFICERS AND			1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.	1 TITLE		Change Additio
NAME	DE JESUS, VENANCIO			1:	2 NAME		
	MARK OTABINOOD DO			1		ADDRESS	
STREET ADDRESS						·	
CITY-ST-ZIP	OVIEDO FL		DELETE	-	4 CITY-SI	-ZIP	Change [Addition
TITLE ,	D		E DEFE IE	- 1	TITLE		10
NAME	DE JESUS, GLADYS			1	2 NAME		SUAREZ, GILBERT 2995 STARWOOD DA Change Change Change Addition
STREET ADDRESS	2905 STARWOOD DR		·	2.	STREET	ADDRESS	ORGE CTARE
CITY-ST-ZIP	OVIEDO FL			2.	4 CITY-S	T-ZIP	2993 STARWOOD DA
TITLE	D		☐ DELETE	3.	1 TITLE		OUIEDO FI 32 765 Change Addition
NAME	CABRERA, PABLO			3.:	2 NAME		
STREET ADDRESS	2001 RIVER PARK BLVD			3.	3 STREET	ADDRESS	s
CITY-ST-ZIP	ORLANDO FL			3.	4. CITY-S	T-ZIP	
TITLE			☐ DELETE	-	1 TITLE		Change Addition
NAME				4.	2 NAME		
STREET ADDRESS						ADDRESS	-
	]				4 CITY- 5		1
CITY-ST-ZIP TITLE	<del> </del>		☐ DELETE	-	1 TITLE	-21	Change Addition
			_ 50.00,0		2 NAME		
NAME	J					ADDRESS	
STREET ADDRESS	I.						3
CITY-ST-ZIP	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		——————————————————————————————————————	_	4 CITY-5	: - ZIP	Change Addition
mile !	<b>1</b>		☐ DELETE		1 TITLE		☐ Change ☐ Addition
NAME	िन स्थान				2 NAME		·
STREET ADDRESS	3. 似态化 特别			6.	3 STREET	ADDRESS	S
CITY-ST-7IP				6.	4 CITY-5	r-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 617, 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.