

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000003146

1. Corporation Name

HACIENDA CAMAEL, INC.

Principal Place of Business 18290 SOUTH WEST 122 STREET Mailing Address

18290 SOUTH WEST 122 STREET

MIAM! FL 33186

MIAMI FL 33186

FILED Mar 09, 1999 8:00 am Secretary of State

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2. Principal P	lace of Business	2a. Mailing Address					3. Date Incorporated or Qualifed 06/02/1998			
21]		26					4. FEI Number	An	plied For	i
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					65-08-39327 - Not Applicable			
22		27								
City & Stat	8	28 City	& State				5. Certificate of Status Desired	8.75 A Fee Re		ı
23) 710					ntry.		6. Election Campaign Financing \$5.00 May Be			
	25	29	3				Trust Fund Contribution	Added to		;
24		<u> 1961 </u>			10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent						Name				
										l
JOHNSTON, ROSE M					82 Street Address (P.O. Box Number is: Not Acceptable)					
10771 SOUTH WEST 188 STREET BAY #4										l
MAMI FL 33157					83		•			l
					84	City		5 Zip C	ode	ı
						•	FL			ĺ
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
office or r	registered agent, or both, in the State of	Florida, Such	ch change was auti on 617 0503. Florid	horized la Stah	iby:	the corporation	h's board of directors, I nereby accept the appointm	ent as roj	histatan I	ı
agent, i a	IIII (SITIIISI WID), and accept the obligation	113 01, 0000				_			J	l
SIGNATURE	Signature, typed or printed name of registered egent ex	od title if spolice	NOTE: R	ecistereci	Ageni	signature required	when reinstating) DATE		 j	60
12.	OFFICERS AND			13.	<u></u> -		ADDITIONS/CHANGES TO OFFICERS AND D	RECTO	RS IN 12	(11/98)
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NAME		T				ADDOSSES			J	3R2E037
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CITY-ST-ZIP	MIAMI FL 33157			34.0	ny-s	7-20P				l
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				4351	DEET	ADDRESS				ĺ
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NAME				6.2 N					j	ı
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CITY-ST-ZIP				6.4 CF						1
44 1 1 2 2 2 2 2 2 2		ship filipa de	an alot as salify for the		medi.	on stated in Si	ection 119.07(3)(i). Florida Statutes, I further certify	that the ir	nomation	