

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 26, 1999 8:00 am  
Secretary of State

07-26-1999 90013 005 \*\*\*\*70.00

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1. Corporation Name

SUCCESSFUL ENTERPRISE, INC.

Principal Place of Business

12400 SW 72ND STREET  
MIAMI FL 33183

Mailing Address

12400 SW 72ND STREET  
MIAMI FL 33183



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

65-0848660

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, BARBARA  
10060 NW 9TH STREET CIRCLE  
UNIT 12  
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D (President) ☐ DELETE

NAME RODRIGUEZ, BARBARA  
STREET ADDRESS 10060 NW 9TH STREET CIRCLE  
CITY-ST-ZIP MIAMI FL 33172

TITLE D (Vice President) ☐ DELETE

NAME BLANCO, GLORIA  
STREET ADDRESS ~~2765 SW 10TH STREET~~ 2165 SW 19 Street  
CITY-ST-ZIP MIAMI FL 33145

TITLE D (Secretary) ☐ DELETE

NAME BARRIOS, RENEE  
STREET ADDRESS ~~3610 SW 15TH STREET~~ 5102 SW 139 Place  
CITY-ST-ZIP MIAMI FL 33145

TITLE Lidia Godoi (Director) ☐ DELETE

NAME  
STREET ADDRESS 2520 SW 20 Street  
CITY-ST-ZIP Miami, FL 33145

TITLE Barbara Cass (Director) ☐ DELETE

NAME  
STREET ADDRESS 13611 SW 75 STREET  
CITY-ST-ZIP Miami, FL 33183

TITLE Jesus Montano (Director) ☐ DELETE

NAME  
STREET ADDRESS 721 NE 74 STREET  
CITY-ST-ZIP Miami, FL 33138

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)