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FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # P00000069388

1. Corporation Name

7 MONTE CORPORATION

B0053854

Principal Place of Business

Mailing Address

257 NE 8 ST.

257 NE 8 ST.

HOMESTEAD, FL. 33030

HOMESTEAD, FL. 33030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 257 NE 8 ST

26 257 NE 8 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

HOMESTEAD, FL.

28 City & State

HOMESTEAD, FL.

24 Zip

33030

Country

29 Zip

33030

Country

30

3. Date Incorporated or Qualified

07/20/2000

4. FEI Number

65-1033989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATRICIO HERNANDEZ
257 NE 8 ST.
HOMESTEAD, FL. 33030

81 Name

PATRICIO HERNANDEZ

82 Street Address (P.O. Box Numbers Not Acceptable)

257 NE 8 ST.

83

84 City

HOMESTEAD

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Patricio R Hernandez*
Signature, typed or printed name of registered agent and title if applicable

PATRICIO HERNANDEZ
(NOTE: Registered Agent signature required when reinstating)

03/18/2002
DATE

12. OFFICERS/DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PTD	PATRICIO HERNANDEZ	13228 SW 112 PL	MIAMI, FL. 33176	<input type="checkbox"/>
VSD	MIRTA HERNANDEZ	13228 SW 112 PL	MIAMI, FL. 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: *Patricio R Hernandez* PATRICIO HERNANDEZ 03/18/2002 (305) 245-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #