

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90024 017 ***150.00

DOCUMENT # P01000042285

1. Entity Name:

119 MENORES, INC.



Principal Place of Business

2 ALHAMBRA PLAZA
SUITE 860
CORAL GABLES FL 33134

Mailing Address

2 ALHAMBRA PLAZA
SUITE 860
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1104083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILA, OSCAR J III

~~2100 SALZEDO STREET SUITE 300~~
~~CORAL GABLES FL 33134~~

Name

OSCAR J. VILA, III.

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

2 Alhambra Plaza, Suite 860

City

Coral Gables

FL

Zip Code

33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME QUEVEDO, ALEJANDRO
STREET ADDRESS ~~5702 SW 30TH STREET~~
CITY-ST-ZIP MIAMI FL 33155

TITLE D ☐ Delete
NAME SORDO, CESAR
STREET ADDRESS ~~1220 BRICKELL SUITE 1000~~
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME VILA, OSCAR J III
STREET ADDRESS ~~2100 SALZEDO STREET SUITE 300~~
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition
NAME Quevedo, Alejandro
STREET ADDRESS 3006 Aviation Avenue - Suite 2-A
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE D ☒ Change ☐ Addition
NAME SORDO, CESAR R.
STREET ADDRESS 3006 Aviation Avenue - Suite 2-A
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE D ☒ Change ☐ Addition
NAME Vila, Oscar J., III.
STREET ADDRESS 2 Alhambra Plaza, Suite 860
CITY-ST-ZIP Coral Gables, Florida 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #

1/23/04

(305) 461-4888