FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PO BOX 650127

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200003386

Principal Place of Business 2450 SW 137 AVENUE

PEDRO A. HERNANDEZ, P.E., P.A.

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90094 020 ***150.00



SUITE 217	•	MIAMI FL 33165 US			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
MIAMI FL 33175 US		us			3. Date Incorporated or Qualifed			
•					11/10/1992			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied	For		
21	26			65-0377220 Not App				
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			
22	~ · · · · · · · · · · · · · · · · · · ·	27			Fee Require	——		
City & Stat	е	City & State			6. Election Campaign Financing S5.00 May Trust Fund Contribution Added to Fe			
Zip	Country Zip Co			Country 8. This corporation owes the current year Intangible				
	25	——————————————————————————————————————	30	,	Personal Property Tax.	lo l		
24)	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered Agent			
				81 Na	Name .			
HER	NANDEZ, PEDRO A		ŀ	82 St	Street Address (P.O. Box Number is Not Acceptable)			
	6 SW 46TH LANE			52 31	Street Address (F.O. Box Number is Not Accordance)	idless (1.0, box realition to real reality		
MAIM	AI FL 33175		1	83				
			}	84 Ci	City 85 Zip Code			
	4			1	FL T	(
11. Pursuant	to the provisions of Sections 607.050	22 and 607,1508, Florida Statute	s, the at	ove-na	named corporation submits this statement for the purpose of changing its regis	stered red		
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Slav	tes.	ne corporation's board of directors. I hereby accept the appointment as register)		
SIGNATURE	Pedot Heary	endez.		5	4/21/99	_ \		
<u> </u>	Signature, typed or printed name of registered ager	nt end title if applicable. (NOTE:) ND DIRECTORS		Agent sign	signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12		
TITLE	P .	DELETE	13.			Addition		
NAME .	HERNANDEZ, PEDRO A		1.2 NA		,	1		
STREET ADDRESS	13216 SW 46TH LANE			REET ADDI	DORESS .	ĺ		
CITY-ST-ZIP				Y-ST-ZIP		}		
TITLE	VP	☐ DELETE	2.1 TIT			Addition		
NAME	PINO, ED		2.2 NA	ME		1		
STREET ADDRESS	6250 S.W. 38TH ST.		2.3 ST	REET ADDI	DORESS	- 1		
CITY-\$T-ZIP	*MIAMI FL-33155*		2.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	Œ	Change C] Addition		
NAME	,		3.2 NA	ME	·	1		
STREET ADDRESS	*		3.3 ST	REET ADD	DORESS	<u> </u>		
CITY-ST-ZIP				TY-ST-ZIP		7 A d d'alam		
TITLE		☐ DELETE	4.1 111		Change	Addition		
NAME	·		4. 2 N/			}		
STREET ADDRESS				REET ADD	1	}		
CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP		Addition		
TITLE		☐ DELETE	5.1 TIT 5.2 NA) Onlinge L	J 7446140011		
NAME	•			REET ADD	IDDRESS	·		
STREET ADDRESS	* .			Y-ST-ZIP	ļ.			
CITY-ST-ZIP TITLE	<u></u>	☐ DELETE	6.1 TIT			Addition		
NAME	,		6.2 NA			-		
STREET ADDRESS	81 1		6.3 ST	REET ADD	DDRESS .			
CITY-ST-ZIP	program State of the state of			Y-ST-ZIP) ·			
CITT-SI-ZIP			45.		a stated in Costing 440 07/3V(). Florido Statutos, I further cortifu that the inform	nation		

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:

SIGNATURE REQUIRED