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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**FILED** Jun 29 1998 8:00am Secretary of State

	1998	DIVISION OF CO	ORPORATIONS	Secretary of State
DOCUMENT # P9200005391 (7) 1. Corporation Name GARCIA INTERNATIONAL CORPORATION				E (BENTÉE) ING PENA MAIN AGUN AGUN AGUN AGUN AGUN AGUN AGUN AGU
	<u>.</u>			
Principal Plac	ce of Business	Mailing Address		a heriteer to broke fish about soult soult obout alter blind alter tier their
14510 QUIAL TRAIL CR 14510 QUAIL TRAIL CR				
ORLANDO FL 32837 ORLANDO FL 32837				DO NOT WRITE IN THIS SPACE
US US				3. Date Incorporated or Qualified
	· · · · · · · · · · · · · · · · · · ·			11/12/1992
2, Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	<u>.</u>	26		<b>59-3153548</b> Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22	<u> </u>	27		Fee Required
City & Stat	ie .	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28     Zip	Country	Trust Fund Contribution
24	25	_ <del>                                    </del>	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<del></del>	9. Name and Address of Currer		,	10. Name and Address of New Registered Agent
B	OL <b>ORI</b> NO, EDWARDO S		81 Name,	1.6 0.100.10
4 40004 BD44ID04I OD				Address (P.O. Box Mumber in Not Accordable)
ORLANDO FL 32836			Address (P.O. Box Number is Not Acceptable) 43 WES TOUCK Reserver Blud.	
83				
			84 City.	ndume FL 85 Zip Code
B4 Windunes FL 85 Zp Co				
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 agont, 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 original state of Florida Statutes.				
agent. I am facilitat with, and accord the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed varie of trip stered agr	Dolou Ke	Danisland Appel Service	e required when reinslating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	<b>GARCIA-CID, NATALIA C</b>		1.2 NAME	GARCIA-CID, NATALIA C
STREET ADDRESS	#4510 QUAIL TRAIL CIRCLE		1.3 STREET ADDRESS	1743 WESTOVER RESERVE BLVD
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	_	☐ DELETE	2.1 TITLE	Change Addition
NAME	3		2.2 NAME	
STREET ADDRESS	-		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP	Change Addition
NAME	<del>-</del> 		3.2 NAME	C cuange C vocation
STREET ADDRESS	·		33 STREET ADDRESS	
CITY-ST-ZIP	Ž.		3.4. CITY - ST - ZIP	
TITLE	3	DELETE	4.1 TITLE	Change Addition
NAME	*		4. 2 NAME	
STREET ADDRESS	•		4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>·</u>		4.4 CITY+ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	" "		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DECET	5.4 CITY-ST-ZIP	
TITLE	; ;	DELETE	6.1 TITLE	
NAME STORET ANOBESS			6.2 NAME	000002575917 Adomon
STREET ADDRESS CITY-ST-ZIP	-		6.3 STREET ADDRESS	***150.00
0111-01-4W			6.4 CITY - ST - ZIP	V

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 exproration 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 it changed, or on an attachment with an address

06-17-90