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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P930
1. Corporation Name
HORACIO'S LOCKSMITH, INC. P93000003836 (2)

## **FILED** Apr 28 1998 8:00am Secretary of State



Principal Place of Business  Mulling Address PO BOX \$24379 HOMESTEAD FL \$3000  2. Principal Place of Business 2. Do NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified O1/19/1983  2. Principal Place of Business 2. Applied For Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Determinance of Status Desired Status Desired Status Desired Status Desired Status S
## DOESTEAD FL \$3030  ## DOESTEAD FL \$30300  ## DOESTE
2. Principal Place of Business   2a. Making Address   4. FEI Number   Applied For   Not Applicable    2. Principal Place of Business   2a. Making Address   4. FEI Number   Applied For   Not Applicable    2. Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scottlicate of Status Desired   S8.75 Additional Fee Required    2. City & State   City & Sta
2. Principal Place of Business
2. Mailing Address   2a. Mailing Address   4. FEI Number   Applied For   Not Applicable   Suite, Apt. #, etc.   Size   Size   Suite, Apt. #, etc.   Size   Si
28 Suite, Apt. #, etc  Suite, Apt. #, etc  Suite, Apt. #, etc  City & State  Country  Added to Fees  No.  S. Name and Address of Current Registered Agent  ERIALVA, HORACIO  1233 NE 11TH ST., #203  HOMESTEAD FL 33030  B1  City & State  Country Ball Address of New Registered Agent  City & State  City & St
Suite, Apt. #, etc    Suite, Apt. #, etc. #, et
Secretificate of Status Desired   Secretificate   Secr
City & State 28  City & State 29  Country 20  Country 25  29  Country 26  27  Country 28  Added to Fees 27  An Inscorporation ower has paid the current year Intangible Personal Property Tax due June 30
28
Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip
28   28   29   30   Personal Property Tax due June 30   Yes   No
ERIJALVA, HORACIO 1233 NE 11TH ST., #203 HOMESTEAD FL 33030  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 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, and the first a statement for the purpose of changing its registered agent, and the first and the first and the first as the
1233 NE 11TH ST., #203 HOMESTEAD FL 33030  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City
HOMESTEAD FL 33030    84   City
### City ### December 15:00    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 agent, and accept the obligations of, Section 607:0505, Florida Statutes    Signature   Signature, typed or protein frame of registered agent and the injugitable   (NOTE Registered Agent signature registered Agent sig
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 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, are the following attent agent and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ORILALVA, HORACIO  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ORIJALVA, GLENDA  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  ORIJALVA, GLENDA  1.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  ORIJALVA, GLENDA  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  ORIJALVA, GLENDA  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  ORIJALVA, GLENDA  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  ORIJALVA, GLENDA  1.4 CITY-ST-ZIP  Addition  Addition  Addition
11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes.    Signature
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    Signature, typed or prested name of registered agent and lefer applicable.   (NOTE Registered Agent signature required when reinstating)   DATE
Office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    Signature
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
12. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  GRILALVA, HORACIO 1233 NE 11TH ST., #203 14 CITY-SI-ZIP TITLE QRILALVA, GLENDA 1233 NE 11TH ST., #203 14 CITY-SI-ZIP TITLE 15 TITLE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE 10 Change Addition Change Addition Change Addition
TITLE
NAME   GRILALVA, HORACIO   1233 NE 11TH ST., #203   1.3 STREET ADDRESS   HOMESTEAD FL 33030   1.4 CITY-ST-ZIP   TITLE   GRIJALVA, GLENDA   1.2 NAME   2.2 NAME   2.3 STREET ADDRESS   CITY-ST-ZIP   HOMESTEAD FL 33030
1233 NE 11TH ST., #203
CITY-ST-ZIP
TITLE         ACDITITIE         Change         Addition           NAME         GRIJALVA, GLENDA         22 NAME         22 NAME           STREET ADDRESS         1233 NE 11TH ST., #203         23 STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         HOMESTEAD FL 33030         2 4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change         Addition
1233 NE 11TH ST., #203
CITY-ST-ZIP         HOMESTEAD FL 33030         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change         Addition
TITLE DELETE 3.1 TITLE Change Addition
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STREET ADDRESS  3.3 STREET ADDRESS
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 HTLE         Change         Addition
TITLE L_J DELETE 4.1 HTEE L_J Change L_Addition  NAME  4.2 NAME
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TITLE DELETE 5.1 TITLE Change Addition
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TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14.   hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes. I further certify that the information

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the informatio 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 andress.