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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000015949

BUSINESS CONTROL INDEX OF MIAMI, INC.

Principal Plac	e of Business	Mailing Addre					88111 48111 88181	}	1 01018 1011 ( <b>11</b> 01
7351 S.W. 39TH TERRACE 7351 S.W. 39TH TERRACE									
MIAMI FL 33155 MIAMI FL 33155						,			
						DO NOT WRITE IN THIS SPACE			
(						3. Date Incorporated or Qualife	đ		,
						02/24/1993			
2. Principal P	Place of Business	2a. Mailing Ad	dress			4. FEI Number		A	pplied For
21		26				65-0413157			ot Applicable
Suite, Apt. #, etc.		<b>⊢</b>	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired
City & Stat	te	City & Stat	te			6. Election Campaign Financing	1 ~	\$5.00	May Be
23		28				Trust Fund Contribution	' 🗆		to Fees
Zip	Country	Zip		Country		8. This corporation owes the cu	rrent vear Int	angible	
24	. 25	29	30			Personal Property Tax.	•	Yes	□No
	9. Name and Address of Curre	nt Registered Agen	t			10. Name and Address of New	Registered	Agent	
ROE	RIGHEZ PEDRO			81 Nam	ie				-
7351 S.W. 39TH TERRACE				82 Stre	et Addres	ss (P.O. Box Number is Not Accep	table)		
MIAI	MI FL 33155			83					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				84 City		1 10 mg/2 (\$100 \$100 mg/2)	Kerisi yası Historia Historia	85 Zip	Code
Mark Care Conf	Soc 1860 10		**				FL	.   '	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both in the State om familiar with, and accept the obliga	02 and 607.1508, Fig	orida Statutes, t	the above-name	ed corpor	ation submits this statement for th	e purpose of	changing its	registered
anent La	m familiar with and acrost the obline	offens of Section 60	7 0505. Florida	Statutes	rporation	s board of directors. I hereby acco	ept the appoi	nument as re	egistered
	m familiar with, and account the obliga	affons of, Section 60'	7.0505, Florida	Statutes.	rporation				egisterea
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable.		Statutes.		rhen reinstating)	1-5- DATE	-99	
SIGNATURE	Signature, typed or printed name of registered age	D DIRECTORS	(NOTE: Regi	istered Agent signatur			1-5- DATE	-99 ID DIRECTO	DRS IN 12
SIGNATURE	Signaphe, typed or printed name of registering age OPFICERS A	D DIRECTORS	(NOTE: Regi	istered Agent signatur		rhen reinstating)	1-5- DATE	-99	
SIGNATURE	Signaple, typed or printed name of registering age OPFICERS AV P RODRIGUEZ, PEDRO R	D DIRECTORS	(NOTE: Regi	istered Agent signatur		rhen reinstating)	1-5- DATE	-99 ID DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE	Signaphe, typed or printed refine of registeric age OPFICERS AV RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE	D DIRECTORS	(NOTE: Regi	istered Agent signatur  13.  1.1 TITLE	re required w	rhen reinstating)	1-5- DATE	-99 ID DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME	Signaphe, typed or printed refine of registeric age OPFICERS AV RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL	D DIRECTORS	(NOTE: Regi	istered Agent signatur 13. 1.1 TITLE 1.2 NAME	re required w	rhen reinstating)	1-5- DATE	-99 ID DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signaphe, typed or printed refine of registeric age OPFICERS AV RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE	In and bush applicable.  O DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	re required w	rhen reinstating)	1-5- DATE	-99 ID DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signaphe, typed or printed refine of registeric age OPFICERS AV RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL	In and bush applicable.  O DIRECTORS	(NOTE: Regi	istered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP	re required w	rhen reinstating)	1-5- DATE	-99 ID DIRECTO ☐ Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signapho, typed or printed refine of registering age OPFICERS AT P RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL V RODRIGUEZ, GLADYS 6436 S.W. 34TH ST.	DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE	re required w	rhen reinstating)	1-5- DATE	-99 ID DIRECTO ☐ Change	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL V RODRIGUEZ, GLADYS 6436 S.W. 34TH ST. MIAMI FL 33155	DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	re required w	rhen reinstating)	1-5- DATE	-99 ID DIRECTO ☐ Change	DRS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL V RODRIGUEZ, GLADYS 6436 S.W. 34TH ST. MIAMI FL 33155	DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP	re required w	rhen reinstating)	1-5- DATE	□ Change	DRS IN 12 Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signapho, typed or printed name of registring age OPFICERS AT P RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL V RODRIGUEZ, GLADYS 6436 S.W. 34TH ST. MIAMI FL 33155 ST	DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE	se required w	rhen reinstating)	1-5- DATE	□ Change	DRS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL V RODRIGUEZ, GLADYS 6436 S.W. 34TH ST. MIAMI FL 33155 ST. RODRIGUEZ, PEDRO R	DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	se required w	rhen reinstating)	1-5- DATE	□ Change	DRS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	P RODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL V RODRIGUEZ, GLADYS 6436 S.W. 34TH ST. MIAMI FL 33155 ST. RODRIGUEZ, PEDRO R 7351 S.W. 39TH TERRACE	and title of applicable.  D DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES	se required w	rhen reinstating)	1-5- DATE	D DIRECTO	DRS IN 12 Addition Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	PRODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL V RODRIGUEZ, GLADYS 6436 S.W. 34TH ST. MIAMI FL 33155 ST. RODRIGUEZ, PEDRO R 7351 S.W. 39TH TERRACE MIAMI FL 33155	and title of applicable.  D DIRECTORS	(NOTE: Reginal Property of the Control of the Contr	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE	SS SS	rhen reinstating)	DATE FFICERS AN	D DIRECTO	DRS IN 12 Addition Addition
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SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PRODRIGUEZ, PEDRO R 7351 SW 39 TERRACE MIAMI FL V RODRIGUEZ, GLADYS 6436 S.W. 34TH ST. MIAMI FL 33155 ST. RODRIGUEZ, PEDRO R 7351 S.W. 39TH TERRACE MIAMI FL 33155	and title) of applicable.  D DIRECTORS	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	SS SS	rhen reinstating)	DATE FFICERS AN	D DIRECTO	DRS IN 12 Addition Addition
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14. I hereby certify that the information supplied with this flind 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 supplied enter 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 secure or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cha

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

7931 48 38 77 1.7

Post of

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Change

☐ Addition

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90048 008 \*\*\*150.00

CR2E034 (11/98)