PA F, 3311 TAUFA F, 3360-1703 Image: State of Function of Functions /		LE NOW: FILING I	FEE AFTER	R MAY 1 IS	\$550.00	-	ILED	00
ANNUAL REPORT 1997 Secretary of State Secretary of Secretary Secretary of Secretary Secretary of Secretary Secretary of Secretary Secret		~~				May 06	1997 8:	00an
1997 DV/SIGN // CONTROLING OCULARENT # P930000032758 (3) OUISOUEYA FOOD STORE, INC. Image: Control Market All Store of Remeases Image: Control Remeases Image: Control Remeases Image: Control Remease Image: Control Remeases						Secret	ary of St	tate
CUISOUEYA FOOD STORE, INC. Guid Place of Business Maing Address Box NOTH, ARREA AVENE TAMPA FL 35051703 During Address Box NOTH, ARREA AVENE TAMPA FL 35051703 During Address 2. Date Inconvector of Cuilled Box Date of Business During Address 2. Date Inconvector of Cuilled Box Date of Business During Address 2. Date Inconvector of Cuilled Box Date of Business During Address 2. Date Inconvector of Cuilled Box Date of Business During Address 2. Date Inconvector of Cuilled Box Date of Business During Address 2. Date Inconvector of Cuilled Box Date of Business During Address 2. Date Inconvector of Cuilled Box Date of Business During Address 2. Date Inconvector of Cuilled Box Date of Business During Address Of New Year 2. Date Address of New Year Date Box Date of During Box Date Dot Box Date of During Box Date of During Box Date	4							
		MENT # P930	000032	758 (3)	, , , , , , , , , , , , , , , , , , ,			
Open manual Address Description By CHONE WE MARKEN Solid Address By CHONE WE MARKEN Solid Address By CHONE WE MARKEN Solid Address By Chone of Business 28 By Chone of Business 28 Solid Address Solid Address	QUISQU	ieya food store, I	NC.			s abitatione com succes acres divise an	AANN AANAA NYYK INAN (AANN ANG	At child of the
Open manual Address Description By CHONE WE MARKEN Solid Address By CHONE WE MARKEN Solid Address By CHONE WE MARKEN Solid Address By Chone of Business 28 By Chone of Business 28 Solid Address Solid Address					·			
Busing Address	NB CHEROKEE AVE. 508 NORTH ARMENIA AVENUE							
Philodial Tack of Business 28. Maing Address 4. PET Number Applied For State, Apt #, etc. 27. 6. Certificate of Status Desired 58.75 Address City & State City & State 6. Certificate of Status Desired 58.75 Address City & State City & State 6. Certificate of Status Desired 55.00 May Be City & State Country 8. This corporation has liability for interruption is to under a 190 032. P 20. Country 8. This corporation has liability for interruption is to under a 190 032. P 20. Country 8. This match and Address of Ourmet Registered Agent GROUN, JOSE D 1419 Matth for interruption is to under a 190 032. Barro 1419 Matth Gue Address (PO. Box Number is NOI Acceptable) 88 80 City Control 10. Name and Address of Dever Registered Agent GROUN, JOSE D 1419 Matth and Acceptable) 88 1419 Matth or and Address of Dever Registered Agent 10. Name and Address of Dever Registered Agent set of Dever Registered Registered Registered Agent set of Dever Registered R	,							leport
Suite Apt # etc Suite Apt # etc Suite Apt # etc Suite Apt # etc City & State City & State Election Campaign Fitnancing \$5.00 May Be Added to Fees City & State 21 Country 21 Country 8. The compatibility citrating bits in under is 199 0.32. City & State 21 Country 21 Country 8. The compatibility citrating bits in under is 199 0.32. State App # etc 22 20 That Fund Contribution Added to Fees State App # etc 21 Country 8. The compatibility citrating bits in under is 199 0.32. State App # etc 10. Name and Address of Ourent Registered Agent 10. Name and Address of New Registered Agent GRADAL JOSE D 11 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Grad Contract 13 Name 10. Name and Address of Others Registered Agent Grad Contract 13 Name 10. Name and Address of Others Registered Agent Grad Contract 14 14 14 14 Brad Address (Contract Registered Agent	Principal Pla	ace of Business	•	ailing Address	······································	4. FEI Number		·
Chy & State Chy &	Suite, Apt #	#, etc	s	uite, Apt. #, etc.	<u></u>		\$8.75	Additional
Zp Country Zp Country Line scorporation has liability for interrigible tax under a. 199.032, Piords Statutes Piords Statutes Dire J220 6. Name and Address of Durrent Registered Agent 30 This corporation has liability for interrigible tax under a. 199.032, Piords Statutes Dire J220 1149 MISTYGLEN LN BRANDON FL 33510 1149 MISTYGLEN LN BRANDON FL 33510 111 111 The corporation has liability for interrigible tax under a. 199.032, Piords Statutes (P.O. Box Number is Not Acceptable) Agent I and Line RN, and acceptable to epidelions of Statutes, the above harved corporation submits this atternant for the pupulose of changing its registered office or copartic of Mission of acceptable to epidelions of Section 607.0506, Florids Statutes, the above harved corporation's board of directors. I hereby accept the epidelion of Section 607.0506, Florids Statutes, the above harved corporation's board of directors. I hereby accept the epidelion of section 607.0506, Florids Statutes. Annote the proceed agent I adverted the epidelion of Section 607.0506, Florids Statutes. 32 32 32 Child agent I adverted the epidelion of Section 607.0506, Florids Statutes. 111 32 32 32 Child agent I adverted the epidelion of Section 607.0506, Florids Statutes. 32 32 32 32 Child agent I adverted the epidelion of Section 07.0506, Florids Statutes. 32 <td< td=""><td>City & State</td><td>></td><td></td><td>ity & State</td><td>······</td><td></td><td>\$5.00</td><td>May Be</td></td<>	City & State	>		ity & State	······		\$5.00	May Be
Image: space and Address of Current Registered Agent Image: space and Address of Current Registered Agent GARCA, JOSE D 1419 MISTYCLEN LN BRANDON FL 33510 10. Name and Address of New Registered Agent 64 10. Name and Address of New Registered Agent 64 10. Name and Address of New Registered Agent 64 10. Name and Address of New Registered Agent 64 10. Name 64 10. Deck Number Is Not Acceptable) 65 64 66 10. Deck Number Is Not Acceptable) 67 10. Deck Number Is Not Acceptable) 68 10. Deck Number Is Not Acceptable) 69 10. Deck Number Is Not Acceptable) 60 10. Deck Number Is Not Acceptable) 61 20. Deck Number Is Not Acceptable) 62 10. Deck Number Is Not Acceptable) 63 10. Deck Number Is Not Acceptable) 64 10. Deck Number Is Not Acceptable) 64 10. Deck Number Is Not Acceptable) 65 10. Deck Number Is Not Acceptable) 66 10. Deck Number Is Not Acceptable) 67 20. Deck Number Is Not Acceptable) 67 20. Deck Number Is No	Zip	Country			Country	···· {································		
GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 ⁹¹ Name B2 Street Address (P.O. Box Number Is Not Acceptable) 63 ⁹⁴ City FL Is Zap Code Porsition to the providers of Sections 607 0502 and 607 1508, Florida Statutes, the above-nemed corporation submits his statement for the purpose of changing lits egistered agent in principal with, and accept the calculations of Section 607 0505, Florida Statutes, the above-nemed corporation submits his statement for the purpose of changing lits egistered agent in principal with, and accept the calculations of Section 607 0505, Florida Statutes, the above-nemed corporation submits his statement for the purpose of changing lits egistered agent in principal with, and accept the calculations of Section 607 0505, Florida Statutes, the above-nemed corporation submits his statement for the purpose of changing lits egistered agent in principal with and accept the calculations of Section 607 0505, Florida Statutes, the above-nemed corporation submits his statement for the purpose of changing lits egistered agent in principal with and accept the calculation of Section 607 0505, Florida Statutes, the above-nemetarg MATUER			29			Florida Statutes	Yes Do	
1419 MISTYQLEN LN BRANDON FL 33510 Image: Street Address (P.O. Box Number is Not Acceptable) 44 City FL Iss' Zp Code Answer of the provement of Store and Store and Store and Store and store answer depresentien submits this attemment for the purpose of charging lis registered agent. If shows and store answer depresentien submits this attemment for the purpose of charging lis registered agent. If shows and store answer depresentien submits this attemment for the purpose of charging lis registered agent. If shows and store answer depresentien submits this attemment for the purpose of charging lis registered agent. If shows and built functions of Section BOT Adds, Florida Statutes. NATURE Answer of the provide store answer of the purpose of charging list registered agent. If shows and built functions are applied at the function of the purpose of charging list registered agent. If shows and built functions are applied at the function of the purpose of charging list registered agent. If shows a function shows a function show are applied at the function of the purpose of charging list registered agent. If shows a function shows a function show are applied at the function of the purpose of charging list registered agent. If shows a function shows a function show are applied at the function of the purpose of charging list registered agent. If shows a function shows a function show are applied at the provide shows a function shows a function show are applied at the provide show are applied at the purpose of charging list registered agent. If shows a show are applied at the purpose of charging list registered agent. If shows a show are applied at the provide show are applied at the purpose of charging list registered agent. If shows a show are applied at the purpose and the provide show are applied at the purpose of c	GAR		Current Hegiste	red Agent	81 Name	10. Name and Address of New	Registered Agent	<u>.</u>
Bit City FL Iss Zp Code Pursuant to the prove as of Sectors 607.0502 and 607.1506. Florida Statutes, the above-nened corporation submits this statement for the pursues of changing its registered agent is an ancient in the engligations of, Sector 607.0506, Florida Statutes. Sector Corporation submits this statement for the pursues of changing its registered agent is an ancient in engligations of, Sector 607.0506, Florida Statutes. Sector Corporation submits this statement for the pursues of changing its registered agent is an ancient in engligations of, Sector 607.0506, Florida Statutes. Sector 2000 Sector 2000 Material statement for the pursues of sector 607.0506, Florida Statutes. Sector 2000 Material statement for the pursues of sector 607.0506, Florida Statutes. Material statement for the pursues of sector 607.0506, Florida Statutes. NATURE	1419	9 MISTYGLEN LN			82 Street Add	ress (P.O. Box Number is Not Accep	ntable)	,//ana
Prisuant is the provement of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this atlatement for the purpose of changing its registered agent is any indicated by the corporation's board of directors. I hereby accept the appointment as registered agent is any indicates of the control of 50506, Florida Statutes. Change its provide the appointment as registered agent is any indicates of the control of 50506, Florida Statutes. NATURE	BRA	NDON FL 33510			83	······································		
Prisuant is the provement of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this atlatement for the purpose of changing its registered agent is any indicated by the corporation's board of directors. I hereby accept the appointment as registered agent is any indicates of the control of 50506, Florida Statutes. Change its provide the appointment as registered agent is any indicates of the control of 50506, Florida Statutes. NATURE						······		Code
ANTURE STATURE STATUS	Derevent	to the provisions of Castions 6	07 0602 and 607	1609 Elorida Statut		novation submits this statement for th		
ANTURE STATURE STATUS	office or re agent 1 ac	egistered accent, or both, in the mamiliar with, and accept the	e State of Florida e obligations of S	Such change was Section 607.0505, FI	authorized by the corpora lorida Statutes.	tion's board of directors. I hereby ac	cept the appointment as	registered
OFFICENDAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 C D DELETE 1.1TITLE Change Addition 1419 MISTYGLEN LN 13. 12.NAME Change Addition 1419 MISTYGLEN LN 13. 14.00FSS 14.00FSS Change Addition 51.7P BRANDON FL 33510 14.00FSS 12.NAME Change Addition E D DELETE 2.1TILE Change Addition E GARCIA, SOCORRO 2.3 STREET ADDRESS Change Addition E1 ALORESS 1419 MISTYGLEN LN 2.3 STREET ADDRESS Change Addition 51.7P BRANDON FL 33510 2.4 (DV-ST-ZP) Change Addition E1 ALORESS 13.TITLE Change Addition S1.7P BRANDON FL 33510 2.4 (DV-ST-ZP) Change Addition E1 ADDRESS 3.5 TRET ADDRESS 3.5 STRET ADDRESS 3.5 STRET ADDRESS 3.5 STRET ADDRESS S1.7P DELETE 3.1 TILE Change Addition E1 ADDRESS 3.5 STRET ADDRESS 3.5 STRET ADDRESS 3.5 STRET ADDRESS S1.7P DELETE 4.1 TILE Change Addition E1 ADDRESS 5.5 STRET ADDRES	r							
E GARCIA, JOSE D 12 NAME E1 ADDRESS 1419 MISTYGLEN LN 13 STRET ADDRESS S17.2P BRANDON FL 33510 14 CTY-ST-ZP D DELETE 21 TITLE E QARCIA, SOCORRO 22 NAME S17.2P BRANDON FL 33510 14 CTY-ST-ZP E QARCIA, SOCORRO 22 NAME S17.7P BRANDON FL 33510 24 CTY-ST-ZP S17.7P 33 STRET ADDRESS 33 STRET ADDRESS S17.7P 34 CTY-ST-ZP 400FES S17.7P 44 CTY-ST-ZP 44 CTY-ST-ZP S17.2P STRET ADDRESS 53 STRET ADDRESS S17.2P STRET ADDRESS		D HOLL (suici	A ANOT		-	3-5-97	
11 ADDPTSS 1419 MISTYGLEN LN 13 STRET ADDRESS SIT-2P D DELETE 21 TITLE E D DELETE 21 TITLE E GARCIA, SOCORRO 22 NAME E1 ADDRESS 14 19 MISTYGLEN LN 23 STRET ADDRESS SIT-2P BRANDON FL 33510 24 CITV-SIT-2P E DELETE 31 TITLE SIT-2P BRANDON FL 33510 24 CITV-SIT-2P E DELETE 31 TITLE E 32 NAME Change Addition I 1000FXS 32 STRET ADDRESS	<u> </u>	Epideric (yzed in printed name of regard	oral agent and tale if a	ORS	E Registered Agent signature requ	ked when reinstating)	3-5-97 DATE FICERS AND DIRECTOR	15 IN 12
E D DELETE 2.1 TITLE Change Addition E1 ADORESS 1419 MISTYGLEN LN 2.3 STREET ADDRESS	E	D	Nord Lagont and Table If a	ORS	TE Registered Agent signature requ 13, 1.1 TITLE	ked when reinstating)	3-5-97 DATE FICERS AND DIRECTOR	15 IN 12
E GARCIA, SOCORRO 1419 MISTYGLEN LN BRANDON FL 33510 22 NAME S1: 7/P BRANDON FL 33510 24 GIV-S1-2/P E DELETE 31 TITLE S2: 7/P Change Addition S2: 7/P 33 STREET ADDRESS 33 STREET ADDRESS S3: 7/P 34 GITY-ST-2/P Change Addition E 32 NAME 33 STREET ADDRESS 44 GITY-ST-2/P S2: 7/P DELETE 41 TITLE Change Addition E 0 DELETE 51 TITLE Change Addition E 0 DELETE 51 TITLE Change Addition F1 ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS S17.1P DELETE 61 TITLE Change Addition E DELETE 53 STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS S17.1P DELETE 61 TITL		D Garcia, Jose D		ORS	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME	ked when reinstating)	3-5-97 DATE FICERS AND DIRECTOR	15 IN 12
Ef ADORESS 1419 MISTYGLEN LN BRANDON FL 33510 2.3 STREET ADDRESS -ST-7/P	e Mé EET ADDRESS	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510	Studies and little if a	ORS	TE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ked when reinstating)	G-5-97 DATE FICERS AND DIRECTOR	IS IN 12
S1: 2P BRANDON FL 33510 2 4 GTV-ST-2P E DELETE 31 TTLE Change Addition E 32 MAME 33 STRET ADDRESS	E EET ADDRESS 7 · ST · ZIP E	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D	Mid I agent and the IF a	ORS	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ked when reinstating)	G-5-97 DATE FICERS AND DIRECTOR	IS IN 12
E 32 MAME STREFT ADDRESS 33 STREFT ADDRESS -51 - 20° 34. CITY-ST-20P E DELETE 4. CITY-ST-20P E 4. CITY-ST-20P E 4. STREET ADDRESS -S1 - 20° 4. GITY-ST-20P E 0 DELETE S1 - 20° 4. GITY-ST-20P E 0 DELETE S1 - 20° 4. GITY-ST-20P E 5.3 STREET ADDRESS -S1 - 70° 5.4 CITY-ST-20P E 5.3 STREET ADDRESS -S1 - 70° 5.4 CITY-ST-20P E 0 DELETE S1 - 70° 5.4 CITY-ST-20P E 0 DELETE 6.1 TIRLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS -51 - 20° 6.4 CITY-ST-20P I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forida Statutes. I further certily that the	E ME EET ADDRESS 7 · ST · 7/P E E	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO	Might agent and title if a NS AND DIRECT	ORS	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME	ked when reinstating)	G-5-97 DATE FICERS AND DIRECTOR	IS IN 12
EFT ADDRESS 3.3 STREET ADDRESS -S1 - 2i ² 3.4 CITY - ST - 2iP -S1 - 2i ² 0 DELETE 4.1 TITLE LET ADDRESS 4.3 STREET ADDRESS -S1 - 2i ² 4.4 CITY - ST - 2iP EET ADDRESS 4.3 STREET ADDRESS -S1 - 2i ² 4.4 CITY - ST - 2iP EET ADDRESS 4.3 STREET ADDRESS -S1 - 2i ² 4.4 CITY - ST - 2iP EET ADDRESS 5.3 STREET ADDRESS -S1 - 2i ² 5.4 CITY - ST - 2iP EET ADDRESS 5.3 STREET ADDRESS -S1 - 2i ² 5.4 CITY - ST - 2iP EET ADDRESS 5.3 STREET ADDRESS -S1 - 2i ² 5.4 CITY - ST - 2iP EET ADDRESS 5.3 STREET ADDRESS -S1 - 2i ² 5.4 CITY - ST - 2iP EET ADDRESS 5.3 STREET ADDRESS -S1 - 2i ² 5.4 CITY - ST - 2iP EET ADDRESS 6.3 STREET ADDRESS -S1 - 2i ² 5.4 CITY - ST - 2iP EET ADDRESS 6.3 STREET ADDRESS -S1 - 2i ¹⁰ 6.4 CITY - S1 - 2iP I doo hore object control on supplied with this filing does not qualify for the exemption stated in Section 119.07	E AE EEL ADDRESS A · ST · 2149 E AE AE EEL ADDRESS	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agent and title IF a NS AND DIRECT	ORS	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ked when reinstating)	G-5-97 DATE FICERS AND DIRECTOR	Addition
-S1-2i ² 34. CITY-ST-2iP DELETE 41 TiTLE LET ADDRESS 43 STREET ADDRESS -S1-2i ² 44 CITY-ST-2iP EET ADDRESS 43 STREET ADDRESS -S1-2i ² 44 CITY-ST-2iP EET ADDRESS 51 TiTLE -S1-2i ² Change Addition 52 NAME FT ADDRESS 53 STREET ADDRESS -S1-2i ² 53 STREET ADDRESS -S1-2i ² 54 CITY-ST-2iP ET ADDRESS 53 STREET ADDRESS -S1-2i ² 54 CITY-ST-2iP ET ADDRESS 53 STREET ADDRESS -S1-2i ² 54 CITY-ST-2iP ET ADDRESS 53 STREET ADDRESS -S1-2i ² 54 CITY-ST-2iP ET ADDRESS 53 STREET ADDRESS -S1-2i ² 54 CITY-ST-2iP ET ADDRESS 53 STREET ADDRESS -S1-2i ² 64 CITY-ST-2iP I do horeby 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the <td>E AE EET ADDRESS 7 - ST - 719 E E EET ADDRESS 7 - ST - 719 E</td> <td>D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN</td> <td>Might agent and the P a</td> <td>ORS DELETE</td> <td>IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE</td> <td>ked when reinstating)</td> <td>G-5-97 DATE FICERS AND DIRECTOR Change</td> <td>Addition</td>	E AE EET ADDRESS 7 - ST - 719 E E EET ADDRESS 7 - ST - 719 E	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agent and the P a	ORS DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ked when reinstating)	G-5-97 DATE FICERS AND DIRECTOR Change	Addition
Image: DELETE 4.1 TITLE Image: Change Addition E 4.2 MAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS -ST-2iP 4.4 CITY-ST-2iP Image: Change Addition E Image: DELETE 5.1 TiTLE Image: Change Addition E Image: DELETE 5.3 STREET ADDRESS Image: Street AdDRESS Image: Street AdDRESS -S1-7iP Image: Street AdDRESS S3 STREET ADDRESS Image: Change: Image: Addition Image: ELADDRESS Image: Street AdDRESS Image: Street AdDRESS Image: Street AdDRESS -S1-7iP Image: Street AdDRESS Image: Street AdDRESS Image: Street AdDRESS Image: Street AdDRESS Image: Street AdDRESS Image: Street AdDRESS Image: Street AdDRESS -S1-7iP Image: Street AdDRESS Image: Street AdDRESS Image: Street AdDRESS Image: Street AdDRESS -S1-7iP Image: Street AdDRESS	E AE EET ADDRESS 7 - ST - ZIP E AE EET ADDRESS Y- ST - ZIP .E AE	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agent and title if a	ORS DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ked when reinstating)	G-5-97 DATE FICERS AND DIRECTOR Change	Addition
ET ADDRESS 43 STREET ADDRESS -ST-2iP 44 CitY-ST-ZiP E DELETE 5.1 TifLe Change 6 52 NAME 5.1 ZiP 5.3 STREET ADDRESS -ST-2iP 5.3 STREET ADDRESS -ST-2iP 5.4 CitY-ST-2iP FT ADDRESS 5.3 STREET ADDRESS -ST-2iP 5.4 CitY-ST-2iP E DELETE 6.1 TiFLE 6.2 NAME 6.3 STREET ADDRESS -ST-2iP 6.4 CitY-ST-2iP Too 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 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 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 expected ender too and product	E E EE1 ADDRESS 7 - ST - 7/P E AE EFT ADDRESS EFT ADDRESS	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agent and title IF a	ORS DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ked when reinstating)	G-5-97 DATE FICERS AND DIRECTOR Change	Addition
-SF-ZIP -SF-ZI	E AE EET ADDRESS Y-ST-7/P AE EET ADDRESS Y-ST-7/P AE EET ADDRESS Y-ST-7/P	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	MULUU MEAL I BOOK BOOK IN THE REAL	ORS DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ked when reinstating)	S-5-97 DATE FICERS AND DIRECTOR Change Change	Addition
Image: Construct on 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 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 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 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 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	E AE EET ADDRESS Y-ST-7/P E AE EET ADDRESS Y-ST-7/P E EFT ADDRESS Y-ST-7/P F AE	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agent and title if a	ORS DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ked when reinstating)	S-5-97 DATE FICERS AND DIRECTOR Change Change	Addition
Fit ADDRESS 5.2 NAME FIT ADDRESS 5.3 STREET ADDRESS -ST-7/P 5.4 CITY-ST-7/P In DELETE 6.1 TIFLE In DELETE 6.1 TIFLE In DELETE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS In ADDRESS 6.3 STREET ADDRESS In Street ADDRESS 6.3 STREET ADDRESS In Street ADDRESS 6.4 CITY-ST-7/P In do 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section and withet exemption stated in Section and with thet	E AE EET ADDRESS Y - ST - ZIP AE AE AE AE AE AE AE AE AE AE	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	MU agont and title IF a	ORS DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ked when reinstating)	S-5-97 DATE FICERS AND DIRECTOR Change Change	Addition
-SI-ZIP -SI-ZIP -SI-	E E EE1 ADDRESS (-S1-ZIP E E AE ET ADDRESS (-S1-ZIP F AE EFT ADDRESS (-S1-ZIP F AE EET ADDRESS (-S1-ZIP EE (-S1-ZIP)	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agont and title IF a	ORS DELETE DELETE DELETE DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ked when reinstating)	S-5-97 DATE FICERS AND DIRECTOR Change Change Change	RS IN 12 Addition Addition
E DELETE 61 TIFLE Change Addition E DELETE 61 TIFLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1 do 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 control report of curbon control and the two end addition the same local effect of it made under path; that	E AE EET ADDRESS A-ST-ZIP E AE EET ADDRESS AE EET ADDRESS AE AE EET ADDRESS AE AE AE AE AE AE AE AE AE AE	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agont and title IF a	ORS DELETE DELETE DELETE DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ked when reinstating)	S-5-97 DATE FICERS AND DIRECTOR Change Change Change	RS IN 12 Addition Addition
E E E E E E E E E E	E E E EE1 ADDRESS (-S1-ZIP E AE EFT ADDRESS (-S1-ZIP F AE EE1 ADDRESS (-S1-ZIP F AE EE1 ADDRESS (-S1-ZIP F AE EE1 ADDRESS (-S1-ZIP F AE EE1 ADDRESS (-S1-ZIP F AE EE1 ADDRESS (-S1-ZIP F AE EE1 ADDRESS (-S1-ZIP F AE EE1 ADDRESS (-S1-ZIP F AE EE1 ADDRESS (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E E (-S1-ZIP E (-S1-ZIP E E (-S1-ZIP (-S1-ZIP (-S1-ZIP) (-S1-ZIP (-S1-ZIP) (-S1-	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agent and title if a	ORS DELETE DELETE DELETE DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ked when reinstating)	S-5-97 DATE FICERS AND DIRECTOR Change Change Change	RS IN 12 Addition Addition
EI ADDRESS 51-7/P 1 do 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 indeputed on this annual report or supplemental annual enorth that the same legal effect as if made under path; that	E E E EEI ADDRESS (-SI-ZIP E E EET ADDRESS (-SI-ZIP F AE EET ADDRESS (-SI-ZIP F AE EET ADDRESS (-SI-ZIP E EFT ADDRESS (-SI-ZIP E EFT ADDRESS (-SI-ZIP E EFT ADDRESS (-SI-ZIP E E EFT ADDRESS (-SI-ZIP E E E (-SI-ZIP E E (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP (-SI-ZIP) (-SI-ZIP (-SI-ZIP (-SI-ZIP) (-SI-ZIP (-SI-ZIP) (D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	MULLING MEAND DIRECT	ORS DELETE DELETE DELETE DELETE DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ked when reinstating)	Change Change Cha	Addition
- ST-ZIP 1 do 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 information coupled and this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the	E E EEL ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LF ME EET ADDRESS Y-ST-ZIP LF ME EET ADDRESS Y-ST-ZIP LF ME EET ADDRESS Y-ST-ZIP LF ME	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agont and title if a	ORS DELETE DELETE DELETE DELETE DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ked when reinstating)	Change Change Cha	Addition
I do 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	E E E E E E E E E E E E E E	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	MULLU MEC I agont and title IF a NS AND DIRECT	ORS DELETE DELETE DELETE DELETE DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ked when reinstating)	Change Change Cha	Addition
Incrimation indicates on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 granged, or on an attachment with an address.	GNATURE E E E E E E E E E E E E E	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN	Might agont and title if a	ORS DELETE DELETE DELETE DELETE DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ked when reinstating)	Change Change Cha	Addition
appears in block 12 or Block 13 if changed, or on an attachment with an address.	E E E EEI ADDRESS 7-ST-7/P E AE EET ADDRESS 7-ST-7/P F AE EFT ADDRESS 7-ST-7/P F AE EET ADDRESS 7-ST-7/P F AE AE AE AE AE AE AE AE AE AE	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN BRANDON FL 33510	supplied with this	ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	IE Registered Agent signature required Agent signature required Agent signature required Agent signature required agent	red when reinstaing) ADDITIONS/CHANGES TO OF		S IN 12 Addition Addition Addition Addition
	E ED ADDRESS -ST - 7/P E ET ADDRESS -ST - 7/P E E ADDRESS -ST - 7/P	D GARCIA, JOSE D 1419 MISTYGLEN LN BRANDON FL 33510 D GARCIA, SOCORRO 1419 MISTYGLEN LN BRANDON FL 33510	supplied with this	ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	IE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.1 TITLE 1	red when reinstating) ADDITIONS/CHANGES TO OF		IS IN 12 Addition Addition Addition Addition Addition Addition Addition Addition Addition