## 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 # P93000038449

1. Corporation Name

NUEVE DE MAYO (MAY 9TH) CORP.

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90068 042 \*\*\*150.00



Principal Place	e of Business	Ma	iling Address	•			- Continue in laide	****** <b>##</b> 117 <b>##</b> 1	anin, 22120		erata rati 1881
9981 S.W. 48TH STREET 9981 S.W. 48TH STREET										•	
MIAMI FL 33165 MIAMI FL 33165							DO NOT WRITE IN THIS SPACE				
							3. Date incorporated or		E IN THIS	SPACE	
	,							Qualifo			
2 0-1							05/28/1993 4. FEI Number			Ι" Ι Δι	oplied For
2. Principal Place of Business		$\vdash$	2a. Mailing Address				_			1-1	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0459502				Additional
			¬ ', '				5. Certifcate of Status I	Desired			equired
City & State			City & State				<del> </del>		<del></del>		<del></del>
23							6. Election Campaign F Trust Fund Contribut	_			May Be to Fees
	Country	28	Zip	Cou	ntov				-4:		101 663
Zip	· · · · · · · · · · · · · · · · · · ·	200	Ziβ	30	ниу		8. This corporation owe Personal Property Ta		mi year inu	angible □ Yes	□No
24	9. Name and Address of Cu	29	borod Agost	130			10. Name and Address		enistered		
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CUI	NTANA, MARIA J										
	1 S.W. 48TH STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	MI FL 33165				83						
1	MI 1 E 00 100				03						· ·
					84	City	***			85 Zip	Code
									<u></u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the S	0502 and 60 tate of Florid	)7.1508, Florida Stati a. Such change was	utes, the al	evoc t vd	-named corporation	pration submits this statements board of directors. There	eby accept	ourpose of tithe appoin	changing its	s registered eaistered
agent. I a	m familiar with, and accept the of	bligations of,	Section 607.0505, F	lorida Statu	ıtes.	ano ourpoidab		,			
SIGNATURE											
}											
}	Signature, typed or printed name of registere				Agent	signature required			DATE	D DIDEAT	200 11 40
12.	OFFICERS	d agent and title if S AND DIRE	CTORS	13.		signature required	when reinstating) ADDITIONS/CHANGE	S TO OFF			
12.	OFFICER:			13.	LE	signature required		S TO OFF		D DIRECTO	DRS IN 12
	OFFICERS D QUINTANA, MARIA J		CTORS	13.	LE	signature required		S TO OFF			
TITLE	OFFICERS D QUINTANA, MARIA J 9981 S.W. 48TH ST.		CTORS	13. 1.1 TIT 1.2 NA	LE ME	signature required  ADDRESS		S TO OFF			
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14. 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 changes, or on an attachpent with an address, with all other like empowered.