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

P93000043545 (1) DOCUMENT # 1. Corporation Name

FERNANDO ISTURIZ, INC.

FILED May 04 1998 8:00am Secretary of State



					<u> </u>	.]	
Principal Place of Business Mailing Address					1 140 140 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16		
8341 N.W. 66TH ST. 8341 N.W. 66TH ST.							
MIAMI FL 33	166	MIAMI FL 33166			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					06/21/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					65-0418865	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 28					Trust Fund Contribution		
Zip Country		Zip Country		ry	8. This corporation owes or has paid th	e current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	ared Agent	
PINERUA, MARITZABEL N 81 Na							
8341 N.W. 66TH ST.			8:	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33166			ļ <u>.</u>				
			8:	3			
			8	4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	alutes, the abo	ve-named corp	poration submits this statement for the purpo	ose of changing its registered	
office or r	registered agent, or both, in the Sta Im familiar with, and accept the obt	ite of Florida. Such change wi ligations of, Section 607,05 05	as authorized b . Florida Statut	by the corporations.	tion's board of directors. I hereby accept the	appointment as registered	
SIGNATURE			, , , , , , , , , , , , , , , , , , , ,	• •			
SIGNATORE	Signature, typed or printed name of registered		NOTE: Registered A	gent signature requi	- :	ATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD DELETE		1.1 THTLE			Change Addition	
NAME	ISTURIF, FERNANDO		1.2 NAME	1			
STREET ADDRESS	8341 NW 66ST MIAMI FL			ET ADDRESS			
CITY-ST-ZIP	MIXMI FL	DELETE	1.4 CITY - ST - ZIP			Change Addition	
TITLE		ריי הנונונ	21 TiTLE	ł		Charige C Monton	
NAME STREET ADDRESS			2.2 NAMÉ	ET ADDRESS			
CITY-ST-ZIP			2.3 STREE				
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME	i i		<u> </u>	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		•	3.4. CITY	- 1			
TITLE		☐ DEL et e	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	Æ			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 C 1Y-				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME	i			
STREET ADDRESS			5.3 STRE	et address			
CITY-ST-ZIP			5.4 CITY-	- ST-7IP		}	

CITY-ST-ZIP 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 ture 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 trulife employered 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 address.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

TITLE

STREET ADDRESS

DELETE

Change

___ Addition