


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90213 041 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  <b>DOCUMENT # P93000046217</b> 1. Corporation Name <b>ESTEVEZ ENTERPRISES, INC.</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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Principal Place of Business 5720 SW 128TH ST. MIAMI FL 33156 <i>} new address</i>	Mailing Address 5720 SW 128TH ST. MIAMI FL 33156 <i>} new address</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10625 SW 130th Suite, Apt. #, etc. 2. City & State 23 Miami, Fla. Zip Country 24 33176 25 Dade		2a. Mailing Address 26 10625 SW 130th Suite, Apt. #, etc. 27 City & State 28 Miami, Fla. Zip Country 29 33176 30 Dade		3. Date Incorporated or Qualified 06/30/1993 4. FEI Number 65-0421444 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ESTEVEZ, ULISES 5720 SW 128TH ST. MIAMI FL 33156 <i>} new address</i>	10. Name and Address of New Registered Agent 81 Name AIDA ESTEVEZ 82 Street Address (P.O. Box Number is Not Acceptable) 10625 S.W. 130th 83 84 City Miami FL 85 Zip Code 33176
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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 *Aida Estevez*  
 Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/99

12. OFFICERS AND DIRECTORS TITLE PD NAME ESTEVEZ, AIDA STREET ADDRESS 5720 SW 128TH ST. CITY-ST-ZIP MIAMI FL 33156 <input type="checkbox"/> DELETE TITLE VD NAME ESTEVEZ, ULISES STREET ADDRESS 5720 SW 128TH ST. CITY-ST-ZIP MIAMI FL 33156 <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. PRESIDENTIAL CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)