**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90174 040 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000055049

1. Corporation Name

CNN PROPERTY MAINTENANCE INC.

Principal Place of Business Mailing Address					
16600 SW 91 TI	ERR	16600 SW 91 TERR			
MIAMI FL 33196	<b>S</b>	MIAMI FL 33196			DO NOT WRITE IN THIS SPACE
US US		US	IS		3. Date Incorporated or Qualifed
					08/05/1993
2 Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number Applied For
21		26			65-0426840 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	e	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	Country		Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	9, Name and Address of Current		.0]		Personal Property Tax. L.J Yes L.INo  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Negistered Agent	81	Name	To. Harris and American
SANTISTERAN, RAFAEL					(DO D. M. Assis Net Assessable)
8003 SW-97 AVE 16600 SW 91 TER			82	Street A	Address (P.O. Box Number is Not Acceptable)
MIAM	<i>I</i> II FL <del>33176.</del>		83		
	33196		84	Cin.	85 Zip Code
				1 ' '	FL
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	e-named c	corporation submits this statement for the purpose of changing its registered - oration's board of directors. I hereby accept the appointment as registered
office or re agent. I ar	egistered agent, or both, in the State t m familiar with, and accept the obligat	ions of, Section 607.0505, Fior	Satutes	the corpor	", autor's board of directors. Thereby accept the appointment as registered
SIGNATURE					# <del></del>
	Signature, typed or printed name of registered agen			nt signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		D DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	MD Santisteban, Rafael	- OLLETE	1.2 NAME		<b>-</b>
NAME STREET ADDRESS	8003 SW 97 AVE.		1	T ADDRESS	16600 510 91 TEDA
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY\S		16600 SW 91 TERR MIANI, Fl 33196
TITLE	MIAMINITE CONTO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	ĺ	
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP		_	2. 4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADORESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			1	TADDRESS	·
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			5.1 TITLE 5.2 NAME		
NAME			1	T ADDRESS	
STREET ADDRESS			5.4 CITY-S		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<b>—</b>	6.2 NAME		
STREFT ADDRESS			6.3 STREE	T ADDRESS	1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #