

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90085 042 ***150.00

	Corporation	MENT # P93000 TERPRISES, CORP.	0057658							
Pr	rincinal Place	of Business	Mailing Address			-{ !		LA BACAN MANUA Fa ca	i ariis tooso oit	DI REIDI (AFI INAI
	•	. 6. 246.1.666	239 23RD ST							
	9 23RD ST Ami Beach F	: 33130	MIAMI BEACH FL 33139			1				
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						3. Date Inc. 08/17/	orporated or Quali	fed	,	
2.	Principal Pl	ace of Business	2a. Mailing Address	•		4. FEI Num			Α .	pplied For
21			26			65-043	5757			ot Applicable
	Suite, Apt. i	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22			27			5. Certificate	of Status Desired	i 🗆	- Fee F	equired
-	City & State)	City & State			6. Election	Campaign Financi	nd	\$5.00	May Be
23			28			1	nd Contribution	ng 🗆		to Fees
	Zip	Country	Zip	Country		8. This core	oration owes the	current year Ir	ntangible	
24		25	29	30			Property Tax.		Yes	□No
	_	9. Name and Address of Curren		<u> </u>		10. Name a	nd Address of Ne	w Registered	Agent	
				81 N	Name					
		RCON, HECTOR		82 5		(5.0.5.)		4-61-5	_	· · · · · ·
239 23RD ST					Street Addre	iss (P.O. Box P	lumber is Not Acc	eptable)		
MIAMI BEACH FL 33139							-			
				83						
				84 (City			FI	85 Zip	Code
	office or re agent. I ar IGNATURE	o the provisions of Sections 607.050 sgistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was aut ations of, Section 607,0505, Florid	thorized by the da Statutes.	amed corporation	n's board of dir	this statement for ectors. I hereby a	the purpose o scept the appo	or changing it pintment as r	s registered egistered
12		Signature, typec or printed harte or registered age		Ponistared Ament sin	natura zeouirea	when reinstation)		DATE	<u> </u>	
_	2.	OFFICERS AN		Registered Agent sig	gnature required		IS/CHANGES TO	DATE OFFICERS A	ND DIRECT	ORS IN 12
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STF	LE ME REET ADDRESS Y-ST-ZIP	PD ALARCON, HECTOR	ND DIRECTORS	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADI  1.4 CITY-ST-ZI	ORESS 2	ADDITION		OFFICERS A	☐ Change	Addition
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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 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24.99 (301) ×38-2400

CR2E034 (11/98