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 # P93000063202

GONZALEZ & SON MOVERS, INC.

Principal Place of	f Business

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90017 004 ***150.00



		Maille - Address		I (BRIDDS) IIA (BIRA IIII) BRIII BAIII BI		MILE 1101 1881
Principal Place		Mailing Address				
14805 SW 124TI		14805 SW 124TH PL		Ì		
MIAMI FL 33186	i	#2 MIAMI FL 33186		DO NOT WRITE	IN THIS SPACE	
US		SUS		=3 Date Incorporated or Qualifed		
				09/10/1993		
a Principal Pl	aco of Business	2a. Mailing Address	01	4. FEI Number	Ap	plied For
- 11/0m	(S.W 124 1/	26 14805 5.W.	1241	65-0434875	No	t Applicable
21 / 4 / 0- Suite, Apt. 3		Suite, Apt. #, etc.	, _		\$8.75 A	Additional
			5. Certificate of Status Desired	J Fee Re	quired	
22 27 City & State - 70 City & State - 70			s Election Campaign Financing	\$5.00	May Be	
		Trust Fund Contribution Added to Fees				
Zip -	Country	Zip	Country	8. This corporation owes the current	year Intangible	
221		29 33/86 30	מ ככנולי.	Personal Property Tax.	∫Yes	5XNo
24 33/	9. Name and Address of Current	<u></u>	1 7 0 6	10. Name and Address of New Reg	istered Agent	
81 Name / //						
GON	ZALEZ, ABRAHAM S			20712Aler 1150272	<i></i>	
1480	5 SW 124TH PL		82 Street	Address (P.O. Box Number is Not Acceptable	')	
	AI FL 33186		83	0		
				<i></i>		
			84 City	liami	FL 85 39	Sode SC
	(10)	and COZ 4500 Florida Statuta	the shave named	corporation submits this statement for the pur	roose of changing its	registered
				oration's board of directors. Thereby accept to	ne appointment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes.	<i>y</i>	la lan	
SIGNATURE			gistered Agent signature re	- wind whee rejectation	DATE	
	Signature typed or printed name of p gistered agent			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
12.	OFFICERS ANI	DELETE	13. 1.1 TITLE		☐ Change	Addition
TITLE	T	(Deceir	1.2 NAME	TRESICENT		
NAME	GONZALEZ, SABAS R			•		-
STREET ADDRESS	14805 SW 124TH PL		1.3 STREET ADDRESS			(
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	ST	☐ pereie	2.1 TITLE	Secret)		_
NAME	GONZALEZ, ANA G		2.2 NAME	/		
STREET ADDRESS			2.3 STREET ADDRESS	_		
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY-ST-ZIP	1 7 -1 -	Change	Addition
TITLE	VP .	☐ DELETE	3.1 TITLE	Vice-iresident		[
NAME	GONZALEZ, ABRAHAM S		3.2 NAME	, · · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	14805 SW 124TH PL		3.3 STREET ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33186		3.4. CITY-ST-ZIP			Addition
TITLE		DELETE	4.1 TITLE		☐ Change	Addition ~
NAME	· · · · · ·		4. 2 NAME			ļ
STREET ADDRESS			4.3 STREET ADDRESS			}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			\ \
STREET ADDRESS		,	5.3 STREET ADDRESS		•	
CiTY-ST-ZIP			5.4 CITY-\$T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME		•	
1			6.3 STREET ADDRESS			İ
STREET ADDRESS			I			

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 suppliemental 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: