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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90011 025 \*\*\*150.00

1. Corporatio	MENT # <b>P9300</b> IZQUIERDO & ASSOCIAT	•		01-29-1999 90011 023 *** 130.	
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Principal Plac	ce of Business	Mailing Address		T EMBELDON IND CHICAD INIEN OREHI ABINI ODEEN OI	NITR ONLIN TOTAL ENTE 1981 AND THE
102 E. 49 ST. 102 E. 49 ST.					
HIALEAH FL 33013 HIALEAH FL 33013					
		•		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	
· · · · · · · · · · · · · · · · · · ·				10/06/1993	
2. Principal Place of Business 2a. Mailing Address		•	4. FEI Number	Applied For	
21 26			65-0457639	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	te :	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	X Yes □No
<u> </u>	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
IŻQI	UIERDO, ALEXIS		Name		
	E. 49 ST.		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	•
	LEAH FL 33013			4 - 4 - 5 - 5 - 4 - 5 - 5 - 5 - 5 - 5 -	
. 1 197 34	EE 11 1 E 000 10	· · · ·	83		
			84 City	<del></del>	85 Zin Code
100 - 3151	· · · · · · · · · · · · · · · · · · ·		.	F	L   -
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	es, the above-named corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered
5	oglotorod agorit, or both, in the ot	Continue Continue Continue Habita	and the parties		John Chicas Togratered
agent. i a	ım tamılar witn, and accept the ob	oligations of, Section 607.0505, Flor	ida Statutes.		·
agent. I a					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) :. DATE	
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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 of 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** 

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1-13-99 (305)826-9999