**FILED** 

Mar 11, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000071395

1. Corporation Name

Principal Place of Business   Mailing Address	SUPERIO	or Cutters, Inc.				,	
MIAMI FL 3316S   DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address						1 (44)(44) (50 (6)04 fills 44)( 44() 44() 42() (326) (326) (326)
2. Principal Place of Business	1 11 12 2 11 12 11 12 11						
10/14/1993   Applied For   Not Applied For   Not Applied For   Status	MINMITE 33103						DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.  Southly  City & State  Added to Fees  Trust Fund Contribution  Added to Fees  Trust Fund Contribution  Added to Fees  Added to Fees  Added to Fees  No.  Personal Property Tax.  HINCAPIE, DORA M  11457 S.W. 40TH ST.  MIAMI FL 33165  BY  Sireet Address of New Registered Agent  Address of New Registered Agent  BY  Added to Fees  BY  Name  Address of New Registered Agent  BY  Name  Address of New Registered Agent  BY  Name  BY  Street Address (P.O. Box Number is Not Acceptable)  The provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-acceptoration submits this statement for the purpose of changing is registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-acceptoration submits this statement for the purpose of changing is registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-acceptoration submits this statement for the purpose of changing is registered agent, and accept the obligations of, Section 607 0505, Florida Statutes, the above-acceptoration submits this statement for the purpose of changing is registered agent, and accept the obligations of, Section 607 0505, Florida Statutes, the above-acceptoration submits this statement for the purpose of changing is registered agent, and accept the obligations of, Section 607 0505, Florida Statutes, the above-acceptoration submits this statement for the purpose of changing is registered agent, and accept the obligations of, Section 607 0505, Florida Statutes, the above-acceptoration submits							
Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   City & State   City & Country   Zip   Country   Zip   Country   Zip   Country   City	2. Principal Pl	Principal Place of Business     2a. Mailing Address					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Soite, Apt. #, etc.	21 26						
City & State   City & Country   Zip   City   Zip	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired   \$8.75 Additional
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year intemplable   Personal Property Tax.   Jess   No	22						Fee Required
Zip Country Zip Country Age (country age internalplice personal Property Tax.   Yes   No.    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   1457 S.W. 40TH ST.   82 Street Address (P.O. Box Number is Not Acceptable)   1457 S.W. 40TH ST.   85 Zip Code   1508 Florida Statutes.   1457 S.W. 40TH ST.   1457 S.W. 40TH ST.		•	<u></u> − -	٦ ٠			
25   29   30   Personal Property Tax.   Yes   No		Country		Co	untry		
HINCAPIE, DORA M 11457 S.W. 40TH ST. MIAMI FL 33165  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 agent, and compared the spoke of the appointment as registered agent, and came of registered agent, and came of registered agent and steer tepperate in 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 agent, and came of registered agent, and came of registered agent and steer tepperate in the provisions of Sections 607.0508, Florida Statutes.  SIGNATURE    PO	<u> </u>	<del></del>	<b>⊢</b>	30			
HINCAPIE, DORA M 11457 S.W. 40TH ST. MIAMI FL 33165    B4				11			10. Name and Address of New Registered Agent
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 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, and familiar with, and accept the obligations of, Section 607 0505, Friorida Statutes.  SIGNATURE    Signature, hyperior profised name of registered agent age					81	Name	
MIAMI FL 33165    B4	·				82	Street A	ddraes (P.O. Box Number is Not Acceptable)
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 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, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature, Typed or printed name of registered agent and title if appicable   (NOTE Registered Agent signature required when reinstating)   DATE	11457 S.W. 40TH ST.				"-	Oli cer A	duess (1.0. Box 14diness is 11st 1 bookiess)
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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if appicable   (NOTE: Registered Agent algorithms required when reinstating)   DATE	MIAMI FL 33165				83		
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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if appicable   (NOTE: Registered Agent algorithms required when reinstating)   DATE				L.	0.1	95 Zin Code	
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent alignature required when reinstating)   DATE					54	City	FL   S   Elp Code
Signature, typed or printed name of registered agent and tille if application   NOTE: Registered Agent signature required when reinstating)   UATE	office or re	anistered agent or both in the State	of Florida, Such change v	vas autnorize	o ov	tne corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
12.	SIGNATURE		···	Wart D			DATE
TITLE						nt signature red	dande Milet, Concessing)
NAME							
STREET ADDRESS   11457 S.W. 40TH ST.   1.3 STREET ADDRESS						_ , _	
CITY-ST-ZIP					TADDOFFE		
TITLE         VD         DELETE         2.1 TITLE         Change         Addition           NAME         HINCAPIE, DORA M         22 NAME	i						
NAME				_	11-ZIP	Change Addition	
STREET ADDRESS							
CITY_ST_ZIP	1	44.457 O.W. 407(1) OT		_	TADDDESS		
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME	!!!					where , _	
NAME       3.2 NAME         STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       3.4. CITY-ST-ZIP         TITLE       DELETE       4.1 TITLE         NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS						☐ Change ☐ Addition	
3.3 STREET ADDRESS	! !					1	<u> </u>
STREET ADDRESS   3.4. CITY-ST-ZIP   3.4. CITY-ST-ZIP   3.4. CITY-ST-ZIP   Change   Addition   Add						TADDDESS	
TITLE DELETE 4.1 TITLE Change Addition  NAME  STREET ADDRESS  4.2 NAME  4.3 STREET ADDRESS	· 1						
NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS	Delete				51-2IF	☐ Change ☐ Addition	
STREET ADDRESS 4.3 STREET ADDRESS	1		<u></u>				
THE	!						
CITY-ST-ZIP 4.4 CITY-ST-ZIP	1						

CITY-ST-ZIP 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 changes or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

☐ Change

Change

☐ Addition

☐ Addition