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 # P93000081563 1. Corporation Name

LIZETTE REBOREDO, P.A.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90027 045 ***150.00



	·					
Principal Place	e of Business	Mailing Address				,
2831 SW 128 AVE 2831 SW 128 AVE						
MIAMI FL 33175 MIAMI FL 33175				DO NOT WRITE IN TH	IS SDACE	
4				DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE	
ł				11/29/1993		
		a Bartis - Address		1 1/29/ 1993 4. FEI Number	Annli	ed For
	lace of Business	2a. Mailing Address		1		pplicable
21 (0)	BRICKALL AVENUE	26 Cuite And # ata		65-0452893	\$8.75 Add	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requ	
	te 2080	City & State	~	- Flatin Campin Financia	\$5.00 M	
				6. Election Campaign Financing Trust Fund Contribution	Added to i	
	eni, Florida Country	Zip	Country	8. This corporation owes the current year		
Zip	\	29	30	Personal Property Tax.		No
24 331	9. Name and Address of Current		30	10. Name and Address of New Registere	d Agent	
	5. Harris and Addison of Odifent		81 Name	1 1 4 4 4 4		
REB	oredo, lizette	•		LIZETTE REBOKEN	<u> </u>	
	SW 128 AVE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)) <u></u>	
	MI FL 33175		83			
			2	DITE 2080		
			84 City	liami F	85 Zip Co	de l
dd 1Drymynad	to the provisions of Sections 607 0502	and 607 1508 Florida Statut	es the above-named con	and the second for the gurnous	of changing its so	gistered
office or r	egistered agent, or both, in the State of	f Florida. Such change was a	uthorized by the corporat	ion's board of directors. I hereby accept the app	ointment as regis	tered
agent. I a	m familiar with, and accept the obligation	ons of Section 607,0505, Flo	nda Statutes.	-2	100	
SIGNATURE	Signature, typed or plinted name of registered agent	LIZ	Registered Agent signature requir	PRODUCTION SALES	141 —	
12.	Signature, typ d or plinted name of registered agent of OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	DP STREET	DELETE	1.1 TITLE	P	Change	Addition
NAME	REBOREDO, LIZETTE		1 1	DETTE READDEND	<u> </u>	ļ
STREET ADDRESS	0004 OHI 400 HIF		1.3 STREET ADDRESS	701 BRICKELL AVE ; SU	ar roso	Ì
CITY-ST-ZIP	MIAMI FL 33175			Miane, Florida 331		1
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STREET ADDRESS			2.3 STREET ADDRESS			
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CITY-ST-ZIP			= 4.7 OM - OM - OM -			
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STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS		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 12 or Block 13 if changed, owen an attachment with an address, with all other like empowered.

SIGNATURE: