**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90135 040 \*\*\*150.00

## 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 # P93000082170

RODRIGI	UEZ CORPORATION						
Principal Place of Business Mailing Address						<b>a</b> n 18418 haban 4584	i i ii
12201 S.W. 100 ST. MIAM! FL 30186 US		1005 S.W. 87TH AVE. MIAMI FL 33174-3208 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 12/01/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0454648	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		0 f/lay Be itt∈Fees	
Zip Cour try		Zip Country 29 30			This corporation owes the current year     Persor al Property Tax.	ntangible	
24	9. Name and Address of Curre	_ <del></del>	,,,		10. Name and Address of New Registered Agent		
			81	Name			
FIGUEROA, GLORIMAR 12201 S.W. 100 ST.			82	Street Ac d	ress (P.O. Box Number is Not Acceptable)		
MAIM	AI FL 33186		83	<del> </del>			
			84	City	F	85 Zip	C-ide
SIGNATURE	m familiar with, and at cept the oblig	ent and little if applicable. (NOT:: )			ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS.	VND DIRECT	
12				<del></del>	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	PD CLOOKAD			ļ.		( onange	
NAME	FIGUEROA, GLORIMAR 12201 S.W. 100 ST.		1.2 NAME 1.3 STREET ADDRESS				
STREET ADORE 3S				1			
CTTY-ST-ZIP	MIAMI FL 33186	☐ DELETE	1.4 CRY-ST-ZIP 2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	40004 0 W 400 OT		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP				
TITLE	VTD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	RODRIGUEZ, LUIS M		3.2 NAME				
STREET ADDRESS	40004 O.H. 400 OT		3.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		3 4. CITY- 5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	e 🗌 Addition
NAME			4. 2 NAME				ĺ
STREET ADDRESS	4.3		4.3 STREE	TADDRESS			Į
CITY-ST-ZIP			44 CITY-S	T-ZIP			
TITLE	1		5.1 TITLE			☐ Change	e
NAME			5.2 NAME				}
STREET ADDRES S	ADDRES S		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-ZIP		Change	e
TITLE		LI VELETE	6.2 NAME			□ Onange	
NAME			6.3 STREET ADDRESS				
STREET ADDRESS	1		0.0 OTRCE	1 ADDITION			

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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

LUIS RODRIGUEZ-TREASURER

4/20/99

305-266-0575