## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 621 NE 14 ST.

HOMESTEAD FL 33030-4850

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

HOMESTEAD FL 33186

621 NE 14 ST.



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000025009 (9)

MCCARTNEY & GARCIA, INC.

Suite, Apt. #, rice:    Suite, Apt. #, rice:						03/31/1994	U6/13/1996	ii
Solice, Apt. 4, etc.    Sulfa, Apt. 4, etc.	2. Principal Place of Business 2a. Mailing Address			3		4. FEI Number		
City & State    Country   Country   Country   Country   Election Companies in Financing   S. 0.0 May Be	21							
Trust Fund Contribution	Suite, Apt	#, etc	h	Suite, Apt. #, etc.		5. Certificate of Status Desired		
28	the first of the second control of the secon			····		6. Election Campaign Financing	\$5.0	O May Be
25   26   30   Florida Statutos   Ves   No     Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent	28					Trust Fund Contribution		
MCCARTNEY, HUDES 821 NET 14 ST. HOMESTEAD FL 33188  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  87 City  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 City  81 City  82 Street Address (P.O. Box Number is Not Acceptable)  83 City City  84 City  85 City FL  85 City City  86 City  86 City  87 City  88 City City City City City  88 City City City City City City City City	Zφ	Country	Zip	\	ntry	_   · · · · · · · · -		s. 199.032,
MCCARTINEY, HUDES 821 NE 14 ST. HOMESTEAD FL 33188	24			30				
### MCCARTINET, INDES  ### 621 Street Address (P.O. Box Number is Not Acceptable)  ### 15 Homestead Ft. 33188  ### City			ent Hegistered Agent		94 Name	10. Name and Address of New He	gistered Agent	
HOMESTEAD FL 33188    E3     64   City   FL   85   Zip Code	621 NE 14 ST.				, oi Name			
11. Pursuant to the processors of Socions 607,0502 and 607,1508. Florida Statutes, the named corporation submits this statement for the purpose of changing its registered efficie or registered agent or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent for making and accept the obligations of Section 607,0505, Florida Statutes.  INCEL Required Agent spraws requested when rendating to the processor spraws processor processors and accept the perportment as registered agent and the relative spraws requested when rendating to the processors and the processor					82 Street Address (P.O. Box Number is Not Acceptable)			
### City ###					02			
### Parameter to the provisions of Sections 607 0509 and 607 1508 Fordis Statutes, the above named corporation submits this statement for the purpose of changing its registered agent of arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### Section 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### Section 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### Section 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### Section 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### Section 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### SECTION 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### SECTION 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### SECTION 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### SECTION 1 arm familiar with, and secrept the obligations of Section 607 0509, Florida Statutes.  ### SECTION 1 arm familiar with and secrept the obligations of Section 607 0509, Florida Statutes.  ### SECTION 1 arm familiar with and secrept with the secret with secret secret with a continuous secret with the secret with secret secret with the secret with secret secret with the secre					63			
clicke or registerics agent, or both, in this State of Floridas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent an article with an accept the obligations of, Section 607-0505, Florida Statutes.  SIGNATURI  12.					84 City		FL 85 Zi	p Code
SIGNATURE SIGNATURE Signature intrinsic with and accord the obligations of Section 607 0505, Florida Statutes.  SIGNATURE Signature interior sequence of tegrate with quant and file in applicable.  NOTE Registered Agent agents required when remaining.  D	11. Pursuant	to the provisions of Sections 607.06	502 and 607.1508, Florida	Statutes, the ab	xove-named cor	poration submits this statement for the p	ourpose of changing	its registered
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE DARK CARRIEN  2387 S.W. 5TH ST.  MAMI FL 33135  CITY-ST-2P  THE DESTREAD FL  10 DELETE  21 TITLE  22 NAME  22 NAME  CITY-ST-2P  THE DELETE  31 TITLE  10 Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES T	office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change loations of Section 607.05	was authorized 05. Florida Stati	i by the corpora utes.	ation's board of directors. I hereby accep	ot the appointment a	as registered
12. OF FICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE D			<b>3</b>	,				
THE	SIGNATION	Signature, typho or printed name of registered a	igent and tele if applicable	INOTE: Registered	Agent signature requ	ifred when reinstaling)	DATE	
NAME STREET ADDRESS COTY ST-7P NAME MCCARTNEY, HUDES STREET ADDRESS COTY ST-7P NAME MCCARTNEY, HUDES STREET ADDRESS COTY ST-7P NAME HUSSAIN, MUHAMMED O D DELETE STITUE O D O D D D D D D D D D D D D D D D D	12.	OFFICERS A				ADDITIONS/CHANGES TO OFFICE		
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MIAMI FL 33135	NAME			1.2 NA	ME			
D	STREE! ADDRESS	2387 S.W. 5TH ST.		1.3 ST	reet address			
NAME   MCCARTNEY, HUDES   22 MAME	CITY - ST - ZIP	MIAMI FL 33135			TY-ST-ZIP			
STREET ADDRESS   G21 NE 14 ST.	TITLE		L_ DELE	TE 2.1 TIT	LE		L. Change	Addition
City-St-ZiP TILE  D	NAME			2.2 NA	ME			
THE D DELETE 31 TITLE Change Addition NAME HUSSAIN, MUHAMMED 32 AMME STREET ADDRESS 14958 SW 74TH TERR. 33 STREET ADDRESS CDY - S1 - 2IP HUE VP DELETE 4.1 TITLE Change Addition NAME MCCARTNEY, RALPH 4.2 NAME STREET ADDRESS CDY - S1 - 72 HUE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CDY - S1 - 72 HUME 52 NAME 52 NAME STREET ADDRESS CDY - S1 - 72 HUME 52 NAME 52 N	STREET ADDRESS	621 NE 14 ST.		2.3 ST	reet address			
HUSSAIN, MUHAMMED  14958 SW 74TH TERR.  13 STREET ADDRESS  CHY: ST-ZIP  MIAMI FL 33193  34 CITY-ST-ZIP  MIAMI FL 33193  34 CITY-ST-ZIP  MCCARTNEY, RALPH  4 2 NAME  4 4 CITY-ST-ZIP  DELETE  5 1 TITLE  NAME  5 3 STREET ADDRESS  CITY-ST-ZIP  THE  DELETE  6 TITLE  DELETE  6 TITLE  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition	CITY - ST - ZIP	HOMESTEAD FL					· · · · · · · · · · · · · · · · · · ·	
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MIAMI FL 33193   3.4 CITY-ST-ZIP	NAME			3.2 NA	ME			
MANE   MCCARTNEY, RALPH	\$TREEF ADDRESS			3.3 \$T	reet adoress			
MCCARTNEY, RALPH SHELL ADDRESS CHY-SL-ZP HOMESTEAD FL LILE NAME STREET ADDRESS CHY-SL-ZP THLE NAME STREET ADDRESS CHY-SL-ZP Addition DELETE 6.1 THLE STREET ADDRESS CHY-SL-ZP Addition DELETE 6.2 NAME STREET ADDRESS CHY-SL-ZP Addition STREET ADDRESS CHY-SL-ZP Addition Addition STREET ADDRESS CHY-SL-ZP Addition STREET ADDRESS CHY-SL-ZP Addition STREET ADDRESS CHY-SL-ZP Addition Addition Addition STREET ADDRESS CHY-SL-ZP ADDRESS CH	CHY-51-7/P	MIAMI FL 33193			TY-ST-ZIP			
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City	NAME			4.2 N	AME			
DELETE	STREET ADDRESS	621 NE 14 ST.		4.3 ST	REET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TILLE DELETE NAME SIRREFT ADDRESS CITY-ST-ZIP  1.14. Lighter operators supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the	City-St-7₽	HOMESTEAD FL			TY-ST-ZIP			
STREET ADDRESS CITY - ST - ZIP TITLE DELETE NAME SIRRET ADDRESS CITY - ST - ZIP  1.4. Lip 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	TITLE		DEFE.	TE 51 TIT	LE		L Change	e 📙 Addition
CHY-ST-ZIP  THEF  DELETE  6.1 TITLE  Change Addition  Addition  Addition  1.4. Lip 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	NAME			5.2 NA	IME			
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14. Ldo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes, I further certify that the	STREET ADDRESS			6.3 ST	REET ADDRESS			
14. I do 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								
into contract or an interest of an interest of an analysis and an interest of an	14. I do herel	by certify that the information suppl	ied with this filing does not	qualify for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the