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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000026970 (1)

1. Corporation Name  
CALDERON 'SISTERS' INC.



Principal Place of Business

1840 W. 49 ST.  
SUITE 728  
HIALEAH FL 33012

Mailing Address

1840 W. 49 ST.  
SUITE 728  
HIALEAH FL 33012-2044

3. Date Incorporated or Qualified  
04/01/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0478692

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1840 W 49 ST.

22 SUITE 713

23 HIALEAH, FL

24 33012

2a. Mailing Address

26 1840 W 49 ST.

27 SUITE 713

28 HIALEAH, FL.

29 33012

9. Name and Address of Current Registered Agent

CALDERON, MARIA E  
1840 W. 49 ST.  
SUITE 728  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name CALDERON, MARIA E.

82 Street Address (P.O. Box Number is Not Acceptable)  
1840 W 49 ST.

83 SUITE 713

84 City HIALEAH FL 85 Zip Code 33012

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 office or 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. I am filing herewith, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *MC Calderon*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CALDERON, MARIA E  
STREET ADDRESS 1840 W. 49 ST. STE. 728  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME CALDERON, MARIA E.  
1.3 STREET ADDRESS 1840 W 49 ST. SUITE 713  
1.4 CITY-ST-ZIP HIALEAH, FL. 33012

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, or on an attachment with an address.

SIGNATURE: *MC Calderon* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 (305) 581-5849

Date Daytime Phone

CR2E034 (9/96)