PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90015 030 ***150.00

1. Corporatio	MEN 1 # P94000 MANIA QUALITY ENTERP	•					
Principal Place of Business Mailing Address							THE STATE OF THE
	GLER STREET STE. 211	10920 W. FLAGLER STREET	STE. 211				
MIAMI FL 3317	4	MIAMI FL 33174			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed	MIGGIAGE	. !
					05/02/1994		
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number	Ap	plied For
21		26			65-0513235	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
City & Stor		City & State				Fee Re	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip				,	8. This corporation owes the current year		o rees
24			30		Personal Property Tax.	Yes	
	9. Name and Address of Curre				10. Name and Address of New Registe	red Agent	
1/En	DANIEL IA EGO		81	Name			
KEIL, DANIEL M ESQ. 3165 WEST 4TH AVENUE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		·
HIALEAH FL					and the second s		4 . 31
HIM	EAN FL		83		一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一		推進集
			84	City	<u> </u>	85 Zip (Code
	(1)					FL S Z S	
office or	egistered agent, or both, in the State	of Florida. Such change was au	s, the above thorized by	e-named corp the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its ppointment as reg	registerea gistered
agent. I a	im familiar with, and accept the obliga	tions of Section 607.0505, Florid	da Statutes	•			
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable. (NOTE: F	Registered Ager	nt signature required	d when reinstating) DAT	E	
12.	OFFICERS AND DIRECTORS		13.				R\$ IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	HERRERA, JOSEFA		1.2 NAME				
STREET ADDRESS			1.3 STREE	ADDRESS			,
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME		•		j
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP		☐ DELETE	2. 4 CITY- S 3.1 TITLE	T-ZIP		☐ Change	☐ Addition
NAME	•.		3.1 HILE 3.2 NAME			☐ Criange	
STREET ADDRESS			3.3 STREET	ADDDESS		•	
CITY-ST-ZIP	•		3.4. CITY-S	1	•		
TITLE		☐ DELETE	4.1 TITLE	1-CF			Addition
NAME			4. 2 NAME				- ;
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	r-zip			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		5.3 STREET	Ţ			
CITY-ST-ZIP		□ n.e. e.e.	5.4 CITY-ST	T-ZIP			
TITLE	٠.	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	• •		6.2 NAME	ADDDESS			i 1
STREET ADDRESS			6.3 STREET	AUDRESS			

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.

SIGNATURE: