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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046949 (1)

## FILED Apr 14 1998 8:00am Secretary of State

QUALI	IY IMPOHI & EXPORT, IN	U.			
Principal Plac	e of Business	Mailing Address			ir Briggil blisið skilli firfin fikis skils
3280 W 73 T	TERR	3280 W 73 TERR			
HIALEAH FL 33010		HIALEAH FL 33010		DO NOT WRITE IN TI	HIC CDACE
US		US		3. Date Incorporated or Qualified	nio orace
				06/23/1994	
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	IACO OF DUSTICES	<del> </del>		65-0506561	Not Applicable
Suite, Apt.	#. etc.	26   Suite, Apt. #, etc.			\$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25]	29	30	Personal Property Tax due June 30.	Yes ZX
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	red Agent
	GUEROA, AQUILINO		81 Name		1
116 W. 17TH ST. REAR			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
. HI	ALEAH FL 33010				
			83		•
			84 City		85 Zip Code
-24 "8 .	10	2007 7500 51 11 01		<del>-</del>	FL 85 ZIP COOR
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or balls, in the Stat	02 and 607.1508, Florida Statu <b>⊬o</b> ∱Florida. Such change was	ites, the above-named corpi authorized by the corporati	oration submits this statement for the purpo- ion's board of directors. I hereby accept the	se or changing its registered appointment as registered
agent. I a	am familiar with, and scept the obli	gations of, Section 607.0505, F	lorida Statutes.	,	11/00
SIGNATURE	V+ guerno	figueros		<u>9</u>	16/98
12,	Signature, Wed or printed hand of replaced a	properties applicable (NC	TE Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTSD	DELETE	1.1 TITLE		Change Addition
NAME	FIGUEROA, AQUILINO		1,2 NAME		-
STREET ADDRESS	116 W. 17TH ST. REAR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		1.4 City-St-ZiP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-\$1-7IP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DILETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	Dritte	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	I		6.4 CITY - ST - ZIP		

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 Statules. 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 each; 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 inflictment with an address.