

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90192 035 \*\*\*150.00

DOCUMENT # P94000049117

1. Corporation Name  
PROVIDENCIA ENTERPRISES, INC.

Principal Place of Business

14265 SW 75 TERR  
MIAMI FL 33183  
US

Mailing Address

14265 SW 75 TERR  
MIAMI FL 33183  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1994

4. FEI Number  
65-0502148

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARAUJO, ELIAS  
14265 SW 75 TERR  
MIAMI FL 33183

81 Name

ARAUJO, ELIAS

82 Street Address (P.O. Box Number is Not Acceptable)  
8650 SW 133 AVE RD, #223

83

84 City  
MIAMI

FL

85 Zip Code  
33183

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

ELIAS ARAUJO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE  
NAME ARAUJO, WANDA C  
STREET ADDRESS 14265 SW 75 TERR 8650 SW 133 AVE RD  
CITY-ST-ZIP MIAMI FL 33183 #223 MIAMI FL 33183

1.1 TITLE PS ☒ Change ☐ Addition  
1.2 NAME ARAUJO, WANDA C  
1.3 STREET ADDRESS 8650 SW 133 AVE RD, #223  
1.4 CITY-ST-ZIP MIAMI FL 33183

TITLE VT ☐ DELETE  
NAME ARAUJO, ELIAS H  
STREET ADDRESS 14265 SW 75 TERR 8650 SW 133 AVE RD  
CITY-ST-ZIP MIAMI FL 33183 #223 MIAMI FL 33183

2.1 TITLE VT ☐ Change ☐ Addition  
2.2 NAME ARAUJO, ELIAS H  
2.3 STREET ADDRESS 8650 SW 133 AVE RD, #223  
2.4 CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APR 99 (305) 380-0045  
Date Daytime Phone #

CR2E034 (1/98)

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