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

**CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name P94000052968 (2)

SEVENTH & FIFTH CORP.

## **FILED** May 19 1998 8:00am Secretary of State



						8]
Principal Place	of Business	Mailing Address				
410 SW 27TH ROAD MIAMI FL 33129-2239		P.O. BOX 452434 MIAMI FL 33245-2434		DO NOT WRITE IN THI	S SPACE	
US		US		3. Date Incorporated or Qualified		
					07/14/1994	
2 Principal Pl	ace of Business	2n. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0506907	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired L25	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	Cou	ntry	8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	g. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent
FE.	AL, TERESITA M			81 Name		
410 S W 27TH ROAD				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MI/						
				83		
				84 City		85 Zip Code
					F	
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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 10	ILE		Change Addition
NAME	FEAL, MARCELINO E.		1.2 N/	ME		
STREET ADDRESS	410 SW 27TH ROAD		1.3 S1	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY-\$T-ZIP		
TITLE	SD	☐ DELETE	2.1 TO	ILE		Change Addition
NAME	<b>E</b> CHEMENDIA, ASELA		2.2 N/	IME :		
STREET ADDRESS	411 SW 27TH ROAD		2.3 S1	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 C	ITY - ST - ZIP		
TITLÉ	TD	☐ DELETE	3.1 Ti	rl€		Change Addition
NAME	FEAL, TERESITA M		3.2 N/	ME		
STREET ADDRESS	410 SW 27TH ROAD		3.3 S1	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL			ITY-ST-ZIP		
TITLE		☐ DELETE	4.1 10	rLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 \$1	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	51 TF	TLE		Change    Addition
NAME			5 2 N/	/ME		
STREET ADDRESS			5351	REET ADDRESS		
CITY-ST-ZIP				TY-ST-Z#P		
TITLE		DELETE	6.1 TI	TLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP	in Section 119 07/3)(i) Florida Statutes I further	and to that the information
44 Ibarahur	adbuthat the internation punning w	ith thie bline done not ouglib	I for the av	emption stated :	in Section 119 D7(3)(1) Florida Statilles Tillither	Ceresy manage improvation. I

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.