05-10-1999 90168 032 ***150.00

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Mailing Address

P.O. BOX 901376

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400054830

1. Corporation Name

Principal Place of Business 885 S.E. 13TH ROAD

DAVID FIERRO & ASSOCIATES CORPORATION

HOMESTEAD FL 33035		US			DO NOT WRITE IN THIS SPACE					
		00				3.	Date Incorporated or Qualife	ed		
							07/25/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number			Applied For
21		26					65-0507483			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	Certifcate of Status Desired		+ - · · ·	5 Additional
22		27				3.	Cermicate or Status Desired		Fee	Required
City & State	e _	City & State				6.	Election Campaign Financin	g 🗆	\$5.0	10 May Be
23	•	28					Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	Country	/		8.	This corporation owes the c	urrent year Inta		
24	25	29	30			1	Personal Property Tax.		Yes	₩Ño
	9. Name and Address of Curre	nt Registered Agent		_		10.	Name and Address of Nev	v Registered	Agent	
			81		Name					
FIERRO, MICHAEL			82	82 Street Address (P.O. Box Number is N				ptable)		
	S.W. 145 PLACE							· · ·		
MAIM	/II FL 33186		83	ī						1
			84	+	City				85 Z	ip Code
			04		City			FL	. 55 -	ip obdo
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abov	e-	named corpo	ration	n submits this statement for t	he purpose of	changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga-	of Florida. Such change was au	thorized by	' tr	ne corporation	n's bo	oard of directors. I hereby ac	cept the appoi	ntment as	registered
	Triallinal with, and accept the oonge	andria di, dediciri dar ledde, riidir	0.0.0.00							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Age	nt s	signature required	when r	reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.	_		-	ADDITIONS/CHANGES TO	OFFICERS AN	D DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE						Chang	ge 🔲 Addition
NAME	FIERRO, DAVID		1.2 NAME 1.3 STREE							
STREET ADDRESS	855 SE 13TH RD.				ADDRESS					,
CITY-ST-ZIP	HOMESTEAD FL 33035		1.4 CITY-5		- ZIP					
TITLE	D	DELETE	2.1 TITLE						Chang	ge 🔲 Addition
NAME	-		2.2 NAME	2.2 NAME						
STREET ADDRESS	1585 S W 13TH AVE		2.3 STREET ADI		ADDRESS					
	MIAMI FL		2. 4 CITY-5							
C/TY-ST-ZIP TITLE	S	☐ DELETE	3.1 TITLE	31-	-201				Chang	ge Addition
NAME	FIERRO, MICHAEL		3.2 NAME							
STREET ADDRESS			33 STREE	т 4	ADDRESS					
			3.4. CITY-5							
CITY-ST-ZIP	MIMMI I E 33 100	☐ DELETE	4.1 TITLE	31-	-ZIF				☐ Chang	ge Addition
			4. 2 NAME							
NAME.			4.3 STREE		ADDOCCC					
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	5[-,	ZIP				Chang	ge Addition
TITLE		CT Detest	5.1 IIILE 5.2 NAME							٠
NAME			5.3 STREE	т.	ADDOESS					
STREET ADDRESS										
CITY-ST-ZIP		□ 00) CTC	6.1 TITLE	51-	·ZIP			·	☐ Chang	ge
TITLE		☐ DELETE							□ custá	Jo [] Mudition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T A	ADDRESS					

CITY-ST-ZIP

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.