Applied For

Fee Required **\$5.00** May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

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 Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90161 037 ***150.00

DOCUMENT # P94000058751 1. Corporation Name

G146KNWK 184STXTEPK GIR

WEST MIAMILEL 33015

| 8022 SW 33RD ST MIRMAR FL 33029 JS | | |
|--|-----------------------------------|-----------------------------------|
| | | |
| a. Mailing Address | | |
| Suite, Apt. #, etc. | | |
| City & State | | |
| Zip | C | ountry |
| • | Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. City & State |

18022 S.W. 33 Street

Miramar, Fl. 33029

|--|

| | | DO NOT WRITE | IN | THIS | SP | AC |
|----|--------------|-------------------|----|------|----|----|
| 3. | Date Incorpo | rated or Qualifed | | | | |

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08/10/1994 4. FEI Number

65-0514505

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

82 Street Address (P.O. Box Number is Not Acceptable)

| | | | | | | | | , | | |
|---|--|--------------------|--------------|--------|--------------------------------------|----------------------------|----------|--------------|------------|--|
| | | | 84 | | • | FL | | Zip Coo | | |
| 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHAN | GES TO OFFICERS AN | D DIRE | CTORS | S IN 12 | |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | | | Cha | nge | Addition | |
| NAME | MOZO, MARIANO | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 18022 SW 33RD ST | | 1.3 STREET | ADDR | RESS | • | | | | |
| CITY-ST-ZIP | MIRMAR FL 33029 | | 1.4 CITY-ST | T-ZIP | | | | | | |
| TITLE | VST | □ D€LET€ | 2.1 TITLE | | | | ☐ Cha | nge | ☐ Addition | |
| NAME | MOZO, MARIANO | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | 18022 SW 33RD ST | | 2.3 STREET | ADDR | RESS | | , | | | |
| CITY-ST-ZIP | MIRMAR FL 33029 | | 2.4 CITY-S | T-ZIP | | · | | - | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | Cha | nge | Addition | |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDR | RESS | | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-S | T-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Cha | nge | Addition | |
| NAME | | | 4. 2 NAME | | <u> </u> | | | | } | |
| STREET ADDRESS | | | 4.3 STREET | ADDR | RESS | | | | İ | |
| CITY-ST-ZIP | | | 4.4 CITY-S1 | T-ZIP | | | <u>.</u> | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | Cha | nge | ☐ Addition | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | r addr | RESS | | | | + | |
| CITY-ST-ZIP | | _ | 5.4 CITY-S1 | T-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Cha | nge | Addition | |
| NAME | | | 6.2 NAME | | | | | | Ì | |
| STREET ADDRESS | | | 6.3 STREET | | RESS | | | | | |
| CITY-ST-ZIP | adify that the information cumpled with this filling doe | and months for the | 6 4 CITY- S1 | | totad in Section 110 07/3///\ Eleric | la Statutos I further cort | if that | the info | rmation | |

indicated on this annual report or supplies with this intring coes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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-en-attachment with an address, with all other like empowered. (305) 823-1401 SIGNATURE:

riano Mozo,