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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400062130 (7)

FILED Feb 11 1998 8:00am Secretary of State

VIRGEN MARIA, CORP.				1 A 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 (4) 8 1) 84 (-)(85) (1)(1) 8 5(-) (184)
					<u> </u>
Principal Place of Business Mailing Address					Ting High Hills shir box 1861
12505 N.W. 23RD AVENUE 12505 N.W. 23RD AVENUE MIAMI FL 33167 MIAMI FL 33167 US			DO NOT WRITE IN THI	S SPACE	
US				3. Date Incorporated or Qualified	
				08/19/1994	
2. Principal P	lace of Business	28. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	X Applied For
21 1250	5 NW 23 AVL	26		65-0528347	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ø	City & State		6. Election Campaign Financing	\$5.00 May Be
23	T Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	current year Intangible
[24]	9. Name and Address of Curren	29 It Registered Agent		10. Name and Address of New Registere	
HERNANDEZ, VICENTE B1 Name					
12505 N.W. 23RD AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33167			52 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
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					
12.	Signature hyped or pointed name of registered ago OFFICERS AN		(NOTE: Registered Agent signature requirements)	(ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1,1 TULE	ADDITIONS OF IANGES TO CAT TOLLIO A	Change Addition
NAME	HERNANDEZ, VICENTE		1.2 NAME		
STREET ADDRESS	12505 N.W. 23RD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, VICENTE P		2.2 NAME		
STREET ADDRESS	12505 N.W. 23RD AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		Change Addition
NAME	HERNANDEZ, DELFIDA		3.2 NAME		•
STREET ADDRESS	12505 N.W. 23RD AVENUE		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	-	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE			5.1 TITLE		
NAME OTRICET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME		L. Mille	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY ST-71P			64 CITY - ST - 7IP		

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.

SIGNATURE:

ME AND TYPES ON PRINTED NAME OF SHANING OFFICER OF DIRECTOR

2-6-98

time Phone # 0235386