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**

DOCUMENT # **P94000079335**1. Corporation Name

E.F. PRIETO SERVICES, INC.

Principal Place of Business								
1181 N.W. 162 AVENUE								
PEMBROKE PINES FL 33029-1229								

Mailing Address

1181 N.W. 162 AVENUE PEMBROKE PINES FL 33028-1229

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90185 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						10/28/1994					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		L	Applied For		
21		26				65-0533135			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ '''			5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing		\$5	00 May Be		
23		28				Trust Fund Contribution			led to Fees		
Zip	Country	Zip	Coun	try		8. This corporation owes the curre	ent year Inta	angible			
24	25	29 3	0			Personal Property Tax.	•	Yes) □N₀		
	9. Name and Address of Current	11				10. Name and Address of New R	egistered .	Agent			
1001				81	Name						
JOSEPH S LANIA CPA PA					82 Street Address (P.O. Box Number is Not Acceptable)						
8982 TAFT ST					,						
PEMI	Broke Pines FL 33024		-	83							
			F	0.4	0.4.			85	Zip Code		
				84	City		FL	63	Zip Code		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o n familiar with, and accept the obligati	f Florida. Such change was auti	norized	by ti	-named co he corpora	rporation submits this statement for the tion's board of directors. I hereby accept	и ине аррон	changin ntment a	g its registered as registered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	Agent	signature requi	ired when reinstating)	DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE)P □ DELETE			1.1 TITLE				Cha	nge		
NAME	PRIETO, ENRIQUE F		1.2 NA	ИE							
STREET ADDRESS	1181 N.W. 162 AVENUE		1.3 STF	REET	ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33028-12	29	1,4 CIT	Y-ST-	-ZIP						
TITLE	DVS	☐ DELETE	2.1 TITL	.E				☐ Cha	nge 🔲 Addition		
NAME	PRIETO, YISEL M		2.2 NA	ИE							
STREET ADDRESS	1181 N.W. 162 AVENUE		2.3 STF	REET	ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33028-12	29	2. 4 CIT	Y-ST	- 7IP						
TITLE		DELETE	3.1 TITI					☐ Cha	nge 🔲 Addition		
NAME			3 2 NA	ME							
STREET ADDRESS:			3 3 STF	REET	ADDRESS						
1			3 4. CIT		i						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL					Cha	nge 🔲 Addition		
NAME		_	4, 2 NA								
STREET ADDRESS			•		ADDRESS						
i i			4.4 CIT								
CITY-ST-ZIP		☐ DELETE	5.1 TITI		-41			Cha	inge Addition		
NAME			5.2 NA					-			
STREET ADDRESS					ADDRESS						
			5.4 CIT								
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL		= +			☐ Cha	nge 🔲 Addition		
			6.2 NA					_			
NAME					ADDRESS						
STREET ADDRESS			1								
CITY-ST-ZIP			6.4 CIT	Y-51-	-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.