## 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 # P9400083657

LA GOTA FRIA, INC

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90002 049 \*\*\*150.00

	77 77111/19 1110								
Principal Plac	ce of Business	Mailing Addre	ess						
18230 COLLIN NORTH MIAMI	S AVE BEACH FL 33179	18230 COLLIN NORTH MIAMI	IS AVE BEACH FL 33	179		DO NOT MIDIT	C & TUIO C	DAGE	
-						DO NOT WRIT	E IN THIS SI	PACE	
1	·					3. Date Incorporated or Qualifed 11/16/1994			
	Place of Business	2a. Mailing A	ddress			4. FEI Number		Apr	olied For
21	<u>.</u>	26				65-0532797		Not	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt	. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Red	
City & Sta	te	City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
, Zip	Country	Zip	1	Country		8. This corporation owes the curre	nt year Intan	gjble	
24	25	29		$\mathcal{L}_{\mathbf{o}}$		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Ager	nt			10. Name and Address of New R	gistered Ág	ent	
		•		81	Name				
	RANJO, JOSE G			82	Street Add	ress (P.O. Box Number is Not Acceptal	de)		
	30 COLLINS AVE	•	•	ا مر	Oli Del Add	1000 (1 .O. DOX Harrister is 1401 Acceptat	<i>,,,</i> ,		
NOF	RTH MIAMI BEACH FL 33179			83					
					L		·		
				84	City		FL	85 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered ag		(NOTE: R		nt signature require	ed when reinstating)	DATE	<u> </u>	
12.		AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	RS IN 12
TITLE	PTSD NADANIO 1005 C	L	) DELETE	1.1 TITLE	ì	•	·	_ Change	L. Addition
NAME	NARANJO, JOSE G			1.2 NAME					
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CITY-ST-ZIP	NORTH MIAMI BEACH FL	<del></del>	DELETE	1.4 CITY-S	T-ZIP	<u>_</u> <u>_</u>		Change	Addition
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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 aggress, with all other like empowered.

SIGNATURE: