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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000091065 (0)

EL TRONCO Y, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- I LODELDON HIG HOLD BURST ODDIN OUTLI	OPAL DOMAN FOLL	it indie dalen di	(O) OFFI FOUR
1125 W 29 STREET 1125 W 29 STREET HALEAH FL 33012 HALEAH FL 33012						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
						12/16/1994			
	lace of Business	2a. Mailing Address	¬ı			4. FEI Number			plied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0552531		\$8.75 A	ot Applicable
22 27						5. Certificate of Status Desired		Fee Re	
City & Stat	e	City & State	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added t		
Zip	Country	Zφ	—	ıntry	,	8. This corporation owes or has p			
24	25 29 30 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent			J No		
90		it Hedistelett Water	_ 	81	Name	10. Name and Address of New H	egistered /	Agent	
BRITO-MIGUEZ, ZORAIDA 1240 WEST 61 PL				Ĺ					
	40 WEST OT PL NLEAH FL 33012		82		Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
''''	ALLATTE SOUTE			B3					
				84	O'h.			Ta=T 3:-7	N1-
				~	City		FL	85 Zip (Jode
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 profed name of registered agent and title of applicable. (NOTE: Registered Agent agent agent agent whom reinstating) DATE									
12.			13.	o Age	ant signature require	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	S IN 12
TITLE	P	☐ DEL€TE	1.1 11	TLE		7,001,701,001,01,000	OLINO MIND	Change	Addition
NAME	BRITO, MARIO G.		1.2 N	AME	ĺ				,
STREET ADORESS	1240 W 61 PLACE		1.3 \$	TREET	ADDRESS				ļ
CITY-ST-ZW	HIALEAH FL 33012		_		T-ZIP				
TITLE	S DDTA TABLISA	☐ DELETE	2.1 TI					Change	☐ Addition
NAME	BRITO, ZORAIDA 1240 W 61 PLACE			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	HALEAH FL 33012								
CITY-ST-ZIP TITLE	T	DELETE	2.4 G	_	ST-ZIP			Change	Addition
NAME	PACHECO, ALCIDE		3.2 N						
STREET ADDRESS	865 W 74 STREET APT 110		1		ADDRESS				1
CATY-ST-ZIP	HIALEAH FL 33012				ST - ZIP				
TITLE		☐ DELETE	4 1 TI	TLE				Change	Addition
NAME			4 2 N	AME	j				
STREET ADDRESS			4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP		D priete			T-ZIP				
TITLE		☐ DELETE	5.1 11					L Change	Addition
NAME CORECY ADDRESS			5.2 N/		1000000				
STREET ADDRESS					ADDRESS				
CFTY-ST-ZFP TITLE		☐ DELETE	5.4 CI 6.1 TI		1-212			Change	Addition
NAME			6.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	i i				T-ZIP				
44 15	and the short that in facing the control of the	241 44 1 4 12 1 4 1 1 1 1 1 1 1 1 1 1 1	,		Cara at a target to C	3		1.6	

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