## 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 CORPÓRATIONS

## **DOCUMENT#** P95000000575

SACO H	ARDWARE, INC.	. Mailing Address					
5240 W. FLAGLI	ER ST.	5240 W. FLAGLER ST. MIAMI FL 33134	•	A		, <del></del> -	
	•				DO NOT WRITE IN THIS S	SPACE	
					3. Date incorporated or Qualifed , 01/04/1995		
2. Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number	App	lied For
21		26			65-0543383	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75 A	
City & State		City & State		<del></del>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 r	
Zip	Country Zip		Countr		This corporation owes the current year Intangible		
<b>⊢</b> ⊣ '			]			∏Yes ∣	□No
24	9. Name and Address of Current		<u> </u>	-	10. Name and Address of New Registered A		
	5. Name and Address of Curren	t Kadisteran Mant	81	Name		<u></u>	
MONTANEZ, ROBERTO L 5240 W. FLAGLER ST. MIAMI FL 33134			82		Idress (P.O. Box Number is Not Acceptable)		
		-we	84	-	FL	85 Zip C	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, to Florida. Such change was author tions of, Section 607.0505, Florida	the above orized by Statute:	re-named co the corpora s.	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	hanging its r tment as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered ager				uired when reinstating) DATE		\
12.		ID DIRECTORS	13.	, ogrado o ogo	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	MONTANEZ, ROBERTO L		1.2 NAME		•		
STREET ADDRESS	4740 N.W. 4TH TERRACE	~		TADORESS			
	MIAMI FL 33126			ST-ZIP			
CITY-ST-ZIP	PD	□ DELETE 2.1		31-21		Change	Addition
NAME	DELGADO, ISIDRA	220		•	· · · · · · · · · · · · · · · · · · ·	_	, ]
	4740 N.W. 7TH TERRACE			ADORESS	•		ł
STREET ADDRESS							}
CITY-ST-ZIP	MIAMI FL 33126	□ DELETE	2. 4 CITY- 3.1 TITLE	31-417		☐ Change	Addition
TITLE	-		3.2 NAME	1			
NAME				1			
STREET AODRESS				TADORESS			
C/TY-ST-ZIP		[ ] DELETE	3.4. CITY-	SI-ZIP		Change	Addition
TITLE		☐ DETE IF	4.1 TITLE	1		ondinge	

6.4 CITY-ST-ZIP CITY-ST-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 suppliemental agricular 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 of the corporation of the receiver of the corporation of 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 of the corporation of the receiver 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 of the corporation of the receiver or trustee empowered.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90266 028 \*\*\*150.00