## 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 # P95000004818~

Corporation	I Name	PRISTS INTO				
EVER	HLADES ENTER	reises, noc				
, .	•					
Principal Place	e of Business	Mailing Address				
•	NW 27 AVE		TERR			
MIAMI FL 33147 MIRAMAR				The state of the s		
MIAN	11 12 33147	MIKHMAK	<u>-</u>	DO NOT WRITE IN TH	IS SPACE	
			<i>330</i> 23	3. Date Incorporated or Qualifed 01-17-1995	•	
2 Principal P	lace of Business	2a. Mailing Address		4 EEI Number		lied For
21	idee of Basiness	26	•	65-0561140	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Ac	dditional
22	•	27		5. Certifcate of Status Desired	Fee Req	uired
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 A	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I		¬
24	25		30	Personal Property Tax.  10 Name and Address of New Registere		No
	9. Name and Address of Curre		81 Name	10. Name and Address of New Registere	u Agent	
	JOSE MONTES	<b>S</b>				
	3270 KAPOT	TERR	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	-MIRAMAR I	G 33023	83			
	MIKAMAR					
			84 City	··· F	L 85 Zip Co	ode
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute:	s, the above-named corpo	pration submits this statement for the purpose	of changing its r	egistered
office or n	egistered agent, or both, in the State m familiar with and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	thorized by the corporatio da Statutes.	in's board of directors. I hereby accept the app	ointment as regi	istered
	17	, ,		11		
CICKIATUDE	//- /			4/29/99		
SIGNATURE	Signature, types or printed name of registered ag	gent and title if applicable, (NOTE,	Registered Agent signature required			
SIGNATURE	OFFICERS A	AND DIRECTORS	13.	when reinstating)  ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS A	AND DIRECTORS	13. 1.1 TITLE		AND DIRECTOR	RS IN 12
12. TITLE NAME	P MONTES, JOSE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			
12. TITLE NAME STREET ADDRESS	P MONTES, JOSE 3270 KAPOT	ND DIRECTORS  DELETE  TERR	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTES, JOSE	ND DIRECTORS  DELETE  TERR  33023	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change	☐ Addition
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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 supplierted 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 typice 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 or an attachment with an address, with all other like empowered.

64 CITY- ST- ZIP

SIGNATURE:

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90092 015 \*\*\*150.00