

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90008 030 ***150.00

DOCUMENT # P95000011518

1. Corporation Name
SUPLIVEN CORP.

Principal Place of Business
3001 SW 96TH AVE.
MIAMI FL 33165

Mailing Address
3001 SW 96TH AVE.
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1995

4. FEI Number

65-0539292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2930 SW 96 Ave

Suite, Apt. #, etc.

22 n/a

City & State

23 Miami FL

Zip

24 33165

Country

25 USA

2a. Mailing Address

26 2930 SW 96 Ave

Suite, Apt. #, etc.

27 n/a

City & State

28 Miami FL

Zip

29 33165

Country

30 USA

9. Name and Address of Current Registered Agent

SOSA, ANGEL
3001 SW 96TH AVE.
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2930 SW 96 Ave

83

84 City

Miami FL

FL

85 Zip Code

33165

11. 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 printed (name of registered agent and title if applicable)

Angel Sosa, President

DATE

4/5/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PS
NAME SOSA, ANGEL
STREET ADDRESS 3001 SW 96TH AVE.
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE

VT
NAME SOSA, JEANNIE F
STREET ADDRESS 3001 SW 96TH AVE.
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2930 SW 96 Ave

1.4 CITY-ST-ZIP Miami FL 33165

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2930 SW 96 Ave

2.4 CITY-ST-ZIP Miami FL 33165

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeannie Sosa, VP 4/5/99 (305) 229-8555

Date

Daytime Phone #

0238610

CR2E034 (11/98)