1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500024386

 Corporation 	n Name		- 1000									
BI ADIMII	r Hernandez, In	IC.										
51. (S. (())								1 10011001 118 1018		1111 59 112 61110	HAM BIBBA 1888	i (3)
Principal Place of Business Mailing Address											TI r ef #1000 till	F IDIIA DIII IADI
5720 14TH AVE SW 5720 14TH AVENUE. S.W. NAPLES FL 34116 NAPLES FL 34116												
US US								DO NOT WRITE IN THIS SPACE				
00								3. Date incorporated	or Qualifed			
								03/27/1995				
2. Principal Pl	ress				4. FEI Number			A	pplied For			
21	•		26					65-0506637			N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Desired		\$8.75	Additional	
22			27					5. Certifcate of Status	Desired	<u>X</u> _	Fee R	equired
City & State	е		City & State					6. Election Campaign	Financing		\$5.00	May Be
23			28					Trust Fund Contrib	ution	_ <u>` </u>	Added	to Fees
Zip	Country	'	Zip	_	Country			8. This corporation ov	ves the cur	rent year In		_ }
24					J		Personal Property Tax					
•	9. Name and Addre	ss of Current F	Registered Agent					10. Name and Addres	s of New	Registered	Agent	
					81	Name	;					
HERNANDEZ, BLADIMIR					82	Street	t Addres	ss (P.O. Box Number is	Not Accept	able)		
5720 14TH AVENUE, S.W.					1	_			•			
NAPLES FL 34116					83							
					84	City					85 Zip	Code
					04	City				FL	- 03 2.p	
11. Pursuant	to the provisions of Sect	ions 607.0502 a	and 607.1508, Flor	ida Statutes,	the above	e-name	d corpor	ration submits this staten	nent for the	purpose of	changing it	s registered
office or n	egistered agent, or both,	in the State of of the obligation	Florida, Such chains of, Section 607	nge was auth .0505. Florida	onzed by Statutes	the corp	poration	's board of directors. I no	ereby acce	pt the appo	nument as n	egistered
	10. Marie 7/	une			\sim	giw:	Ω	Hernandez	SR.	3-1	5-99	
SIGNATURE-	Signature, typed or printed some	of registered agent a	nd title if applicable.	(NOTE: Re	gistered Ager	nt signature	required v	when reinstating)	<u></u>	DATE		
12.	0	FFICERS AND			13.		,	ADDITIONS/CHANC	SES TO OF	FICERS A		
IIITE	P			DELETE	1.1 TITLE						☐ Change	☐ Addition
NAME	HERNANDEZ, BLAD	IMIR			1.2 NAME							
STREET ADDRESS	5720 14TH AVENUE, S.W. 138					T ADDRESS	3					
CITY-ST-ZIP	NAPLES FL				1,4 CITY-S	T- Z:P						
TITLE	VP			DELETE	2.1 TITLE						☐ Change	☐ Addition
NAME	CAROL J HERNAND	EZ			2.2 NAME		1)
STREET ADDRESS	5720 14TH AVENUE	SW			2.3 STREET	TADDRESS	s					j
CITY-ST-ZIP	NAPLES FL				2.4 CITY-5	ST-ZIP]					
TITLE	,]. 🗆	DELETE	3.1 TITLE		T	-			☐ Change	Addition
NAME					3.2 NAME							
STREET ADDRESS	3.3 \$1				3.3 STREET ADDRESS		3					
C/TY-\$7-ZIP		_			3.4. CITY-S	ST-ZIP						
TITLE				DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREE	T ADDRESS	s					Ì
CITY-ST-ZIP					4.4 CITY-S	T-ZIP						j
TITLE			П	DELETE	51 TID F						☐ Change	☐ Addition

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

DELETE

SIGNATURE: _

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90160 021 ***150.00

04-14-1999 90160 022 *****8.75