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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026766

S. AND S. INVESTORS CORPORATION

Principal Place of Business	Mailing Address	
16140 EAST TROON CIRCLE	16140 EAST TROON CIRCLE	

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90019 011 ***150.00



MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/31/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0592071 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MENDIGUTIA, JOSE A 82 Street Address (P.O. Box Number is Not Acceptable) 16161 E TROON CIRCLE MIAMI LAKES FL 33014 83 85 Zip Code 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. [] Change ☐ Addition DELETE 1.1 TITLE TITLE MENDIGUTIA, JOSE A 1.2 NAME NAME 16161 E TROON CIRCLE 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 1.4 CITY-ST-ZIP CITY-ST-ZIP T DELETE Change ☐ Addition 21 TITLE TITLE MENDIGUTIA, ODALYS 2.2 NAME NAME 16161 E TROON CIRCLE 2.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE 5.1 TITLE ☐ Change TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 with an address, with all other like empowered. Block 12 or Block 13 if c

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

(11/98) CR2E034