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

. - PRONT · 😤 🍦 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000027770

Cutting Only, Inc.

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

05-17-1999 90092 018 \*\*\*150.00

2150 E. 11th Ave. Hialeah, FL 33013	2150 E. llth Ave Hialeah, FL 330	-	DO NOT WRITE IN THE  3. Date Incorporated or Qualifed  06/04/95	S SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0576279	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	-	6: Election Campaign Financing	\$5.00 мау Ве
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip Cou	untry	8. This corporation owes the current year In	
24 25	29 30		Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
Manuel Smilowitz		81 Name		
2150 E. 11th Ave. Hialeah, FL 33013		82 Street Address (P.O. Box Number is Not Acceptable)		
management, in JJUIJ		83		
		84 City	FL	85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition NAME Manuel Smilowitz 1.2 NAME STREET ADDRESS 2150 E. 11th Ave. 1.3 STREET ADDRESS CITY-ST-ZIP Hialeah, FL 33013 1.4 CITY-ST-ZIP □ DELETE Addition TITLE 2.1 TITLE ☐ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP - DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE Addition Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE TITLE Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Manuel Smilowitz

(305) 693-5100

CR2E034 (11/98)