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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # P95000037050 (8)

LAKESIDE DEVELOPERS, INC.

Mailing Address Principal Place of Business **600 PALM AVENUE** 600 PALM AVENUE HIALEAH FL 33010 HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0634382 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 ZiD Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MACHADO, LUIS **600 PALM AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE A 83 HIALEAH FL 33010 64 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatoro, typied or printed name of regenered agent and title thappheable (NOTI: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_ Addition TITLE ☐ DELETE 1.1 TITLE Change MACHADO, LUIS 1.2 NAME NAME **600 PALM AVENUE** STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE MACHIME, JUAN NAME 2.2 NAME 600 PALM AVENUE STREET ADDRESS 2 3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MACHADO, CEFERINO NAME 3.2 NAME **600 PALM AVENUE** STREET ADDRESS 3.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 3.4. CITY - ST- ZIP

CITY - ST - ZIP 64 CITY-ST-ZIP olycl with this tilling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information intental annual report is tyle and accurate and that my signature shall have the same legal effect as if made under oath, that I am an increasive or trustee engrowered to exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supply indicated on this annual report or sometry officer or director of the corporation or the Block 12 or Block 13 if changed, or

4.1 TITLE

4. 2 NAME

5.1 TITLE

5 2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 City-St-ZiP

4.4 CITY-ST-ZIP

TITLE

NAME

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NAME

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Mar 06 1998 8:00am

Secretary of State