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

**PROFIT** CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000055566

1. Corporation Name

IANIEIS CADDEN DI ACE INC

Principal Place of Business	Mailing Address	
4500 SW 122ND AVE MIAMI FL 33175	4500 SW 122ND AVE MIAMI FL 33175	
		·
2. Principal Place of Business	2a. Mailing Address	_

FILED Jan 26, 1999 8:00am **Secretary of State** 

01-26-1999 90052 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/17/1995 Applied For FEI Number 65-0599588 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 Election Campaign Financing City & State \$5.00 May Be City & State\_\_\_ Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Zip Country Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A CONTRACTOR OF THE CONTRACTOR CAIRO, JANE Street Address (P.O. Box Number is Not Acceptable) 4500 SW 122ND AVE **MIAMI FL 33175** 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. (NOTE: Registered Agent signature require ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE □ DELETE TITLE 1.2 NAME CAIRO, RENE NAME 4500 SW 122ND AVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** 1.4 CITY-ST-ZIP CITY-ST-ZIP · \* ☐ Change ☐ Addition DELETE 21 TID F SD TITLE CAIRO, JANE 2.2 NAME NAME 4500 SW 122ND AVE 2.3 STREET ADDRES 2.4 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP - Addition DELETE 3.1 TITLE 3.2 NAME With the same 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETÉ 5.1 TITLE TITLE 52 NAME 5.3 STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TMLE

NAME

☐ DELETE

Addition

Change

CR2E034 (11/98