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

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

	1999		Secretary of State  DIVISION OF CORPORATIONS								
DOCUMENT # P95000057224								9	15 NUL 9	PM 3: C	16
FAM ASSOCIATES, INC.							$\rightarrow$			CF STAT	ſΕ
	occurred, mo							E RANDINADO NO DORO (TATA	LLAHASS	E FLOR	
Principal Plac	ce of Business		Mailing Address								
81 MERRICK WAY CHANGE 81 MERRICK WAY CHA						E					
CORAL GABLES FL 33134 CORAL GABLES FL 33134								DO NO	T 14/2075 141 T/1		
11391 S.W. HO LN.			11391 SW 110 LN.			F	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
MIAMI, FL 33176			MIAMI, FL 33176				07/25/1995				
	Place of Business	<b></b>	, Mailing Address				1	4, FEI Number		Ar	oplied For
21 Suite, Apt	. #. etc.	26	Suite, Apt. #, etc.					65-0608408			ot Applicable
22		27						<ol><li>Certificate of Status De</li></ol>	sired 🗰	\$8.75 . Fee Ro	Additional aquired
City & Sta	te		City & State				1	6. Election Campaign Fina	ancing ra	\$5.00	· · · · · · · · · · · · · · · · · · ·
<b>23</b> Ζίρ	Country	28	7:					Trust Fund Contribution			to Fees
24	Country Zip Co  25 29 30							<ol><li>This corporation owes t Personal Property Tax.</li></ol>	he current year li	ntangible Yes	□No
	9. Name and Addres		stered Agent	1301			1	Name and Address of	New Registered		LINO
MAAT	NIDO ALEIANDOO A				81	Name			<del></del>		
MADURO, ALEJANDRO A 1131-S.W. 110-LN. 11391 SW 110-LN.					82	Street Ad	idress	(P.O. Box Number Is Not A	Acceptable)		
MIAMI FL 33176								3000	02916		
THE WITH LE GOTTO								-06	8/29/99	01020	920
						84 City ****558. 75				65 20	58e 75
11. Pursuant	es, the abo	ove	-named cor	rporati	on submits this statement	for the purpose o	-	registered			
Unice or i	registered agent, or both, in am familiar with, and accep	n the State of Flor	oa. Such change was a	uthorized i	Dv t	he corpora	ation's	board of directors. I hereb	accept the appo	pintment as re	gistered
SIGNATURE		_	•								
	Signature, typed or printed name of		· - · · · · · · · · · · · · · · · · · ·		gent	signature requi	ired whe		DATE		
12.	P	FICERS AND DIR	DELETE	13.				ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO  Change	RS IN 12
NAME	MADURO, ALEJANDA	RO A	2) 022212	1.2 NAM						□ cuange	☐ Addition
STREET ADDRESS	11391 S.W. 110 LN					ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176					1.4 CITY-ST-ZIP					
TITLE			☐ DELETE	DELETE 21 TITLE						☐ Change	Addition
NAME				22 NAM	E	İ					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE		·-·	□ DELETE	2.4 C/TY 3.1 TITLE		-ZiP			·	Chanca	FT Addition
NAME			_ occese	3.2 NAM						☐ Change	Addition
STREET ADDRESS						DORESS					
CITY+ST-ZIP				34. CITY							
TITLE			☐ DELETE	4.1 TITLE	Ę					Change	Addition
NAME				4. 2 NAM	Œ	-					
STREET ADDRESS		,		4.3 STRE							
CITY+ST-ZIP TITLE			☐ DELETE	4.4 CITY-		ZIP					
NAME			L. DECE IE	5.1 TITLE 5.2 NAME						Change	Addition
STREET ADDRESS				5 3 STRE		DORESS					
CITY-ST-ZIP				5.4 CITY-							
TITLE		7-7-1	☐ DELETE	6.1 TITLE	:					Change	Addition
NAME				6.2 NAME	E						
STREET ADDRESS				6.3 STRE	ETA	DORESS				1.8	

6.4 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 emptwered 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.

SIGNATURE:

6/15/99

305-274-76C

SIGNATURE: SIGNATURE AND TYPED OR PRIN OFFICER OR DIRECTOR

6/15/99 305-274-7603
Date Dayline Phone #