## 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 # P95000073860

Corporation Name

2. Principal Place of Business

RANCHO BRAVO INC.

Principal Place of Business	Mailing Address
70 W. 20TH ST.	770 W. 20TH ST.
IIALEAH FL 33010	HIALEAH FL 33010

2a. Mailing Address

## FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90004 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

09/20/1995

4. FEI Number

21	2	16			65-0619003		Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> A		
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 h Added to	•	
<b>23</b> Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Int	angible		
24		9 30			Personal Property Tax.			□No	
	9. Name and Address of Current Re				10. Name and Address of New R	egistered	Agent		
			81	Name					
BRAVO, SIMON 770 W. 20TH ST.				82 Street Address (P.O. Box Number is Not Acceptable)					
						<u> </u>			
HIALEAH FL 33010			83		•				
			84	City			85 Zip C	ode	
		,		·		<u> </u>	.		
11. Pursuant	to the provisions of Sections 607.0502 an	d 607.1508, Florida Statutes	the above	-named corpo	oration submits this statement for the	purpose of	changing its	egistered istered	
office or re	to the provisions of Sections 607.0502 ar egistered agent, or both, in the State of F m familiar with, and accept the obligations	lorida. Such change was autr	nonzea by	the corporation	n's board of directors. I hereby accep	it trie appo	IIIIII as Icy	ister eu	
-	m lamma. mat, and doops are obligations	*							
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agen	t signature required		DATE			
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OF	FICERS A			
TITLE	P	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	BRAVO, SIMON S		1.2 NAME						
STREET ADDRESS	770 W. 20TH STREET		1.3 STREET	ADDRESS					
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-S	r-zip					
TITLE		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME			2.2 NAME						
STREET ADDRESS	•		2.3 STREET	ADDRESS					
CITY-ST-ZIP			2.4 CITY-S	T-ZIP	1 2		Change	Addition	
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS	•		3.3 STREET	ADDRESS				4 14	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			[ ] Change	☐ Addition	
TITLE		□ DELETE	4.1 TITLE		•		Change		
NAME			4. 2 NAME				•		
STREET ADDRESS	·		4.3 STREE	TADDRESS				e <sup>r</sup>	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			[ ] Change	Addition	
TITLE		☐ DELETE	5.1 TITLE				CT cusude		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			Change	☐ Addition	
TITLE		☐ DELETE	6.1 TITLE				C) charige	, — Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE					•	
CITY-ST-ZIP			6.4 CITY-S	T-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 informatio 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 an observed 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

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-99

305) (1) - ) ( 2 ')

Daytime Phone #

32E034 (11/98)