

Jun 10 1998 8:00am
Secretary of State



Principal Place of Business:
341 So. ST. Rd. 7
PLANTATION, FL.
33317

Mailing Address
(SAME)

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <i>11-13-95</i>	
4. FEI Number <i>#650639200</i>	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

DULCE CARBO
34150. St Rd 7
PLANTATION, FL. 33317

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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: I certify on penalty of law that the enclosed report and bills are applicable

(N) If Registered Agent signature required when reinstating:

DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PRESIDENT	☐ DELETE
NAME	DULCE CARBO	
STREET ADDRESS	341 SO. ST Rd 7	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	VICE-PRESIDENT	☐ DELETE
NAME	ROBERTO PALACIOS	
STREET ADDRESS	341 SO. ST Rd 7	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	TREASURER	☐ DELETE
NAME	MARIA PALACIOS	
STREET ADDRESS	341 SO. ST Rd 7	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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6/10

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***150.00

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 checked, or as an attachment with an address.

CR2E034 (10/97)