FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000090044 (5)

 Corporation 	Name			, , ,	,						
BY FI	REDDIES	, CORP.									
								A SUPPLICATION OF TRANSPORTED IN THE SUPPLICATION OF THE SUPPLICAT	AIN AANI AN	A INHE HAMI DE	BAR BIBN BIBLIDAL
District District District											
Principal Place of Business			F√J;	Mailing Address							
18715 N.W. 78TH PLACE HIALEAH FL 33015			18715 N.W. 78TH PLACE Hialeah Fl 33015								
								3. Date incorporated or Qualified	3a [la	te of Last Re	enort
								11/27/1995	Ja. Ca	C OF Last Tw	etion
2. Principa! Pla	ice of Busin	9SS	2a.	Maling Address				4 FELNumber			Applied For
21			26	26				65-00	. >/ >	7	Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			2.1	City & State		-		6. Election Campaign Financing			··
23			28	 1				Trust Fund Contribution			0 May Be d to Fees
Zip		Country		Zφ	Count	ſγ		8. This corporation has liability for	intangible t		
24				29 30				Florida Statutes			
	9, Name	and Address of Curre	ent Regis	tered Agent				10. Name and Address of New I	Registered	Agent	
AUMITANIA MININA						1	Name				
QUINTANA, NIVALDO					8	2 Street Address (P.O. Box Number is Not Acceptable)					
698 WEST 84TH STREET HIALEAH FL 33014						3					
nivico	4H FL 330	17			Ľ						
					6	4	City		FL	85 Zip	p Code
11. Pursuant te	o the provisi	ons of Sections 607.050)2 and 60.	7.1508, Florida Statu	les, the above	The	ameo corpora	ition submits this statement for the pu	mose of ch	ancina its r	registered office
or registere familiar wit	ed agént, or hiland acce	both, in the State of Flo pt the obligations of, Sco	rida Such Thora 607.0	ichange was author 2505: Flooria Statute	zed by the co	Ю	ration's beard	ition submits this statement for the pu d of directors. Thereby accept the app	ointment a	s registered	l agent. Lam
CIONATI DE		•									
OIOIVATORIE.	Signative typed	 or ported name of rug there hape	nt and Stienta	oustable (f.	Off Registered As	εĒt	Signature required	when renstating	DATE		
12.		OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFF			DRS IN 12
TillE	D	TANA ANUAL DO		☐ DEFELE	1 1 T:TL					☐ Change	☐ Addition
NAME		TANA, NIVALDO			1.2 NAM						
STREET ADDRESS		N.W. 78TH PLACE AH FL 33015					ADDRESS				
CITY-ST-ZIP TITLE	D	AH FL 33013		DELETE	1 4 0 d y		I - ZIF			C (2000)	
NAME	_	TANA, LOURDES		L.J Ottani	2 1 1110 2 2 NAMI					Change	☐ Addition
STREET ADDRESS		N.W. 78TH PLACE					ADDRESS				
CITY - ST - ZIP		AH FL 33015									
TITLE				DELFTE	2 4 CITY 3 1 TITU		- ZIP	•		Change	Addition
NAME				_	3.2 NAM						
STREET ADDRESS					3.3 STRE	ΕTI	ACORESS				
CITY - ST - ZIF					3.4 CITY	12	- 2IP				
TITLE				DELETE	4 1 1114					Change	Addition
NAME					4.2 NAMI	:					
STREET ADDRESS					4 3 STPE	E [A	ADDHESS				
CITY-ST-ZIP		***			4.4 CITY	ST	I-ZIP				
TITLE				☐ DELETE	5 1 THTU	:				☐ Change	☐ Addition
NAME					5.2 NAMI						
STREET ADDRESS					5 3 STAE	î A	ADDRESS				
CITY-ST-ZIP					.5.4 Ci'Y	_	- ZIP				
TITLE				☐ DELETE	6 1 TI*()					☐ Change	Addition
NAME					6.2 NAMI						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 or Block 13 if changed, or on an attachment with an authess.

6 4 C: TY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11096 Days in Proc.

3R2E034 (12/95)