Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90166 041 \*\*\*150.00

## 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 # P9500090527

1. Corporation Name

MIAMI SA	ALSA COMPANY, INC.	,								
Principal Place	of Business	Mailing Address		_	···········	1		III BRIEL UBELO II		(0.410)) 1001 HEB!
8805 SW 129 STREET 8805 SW 129TH ST MIAMI FL 33176 MIAMI FL 33176 US							DO NOT WRI	TE IN THIS S	SPACE	
00							Date Incorporated or Qualifed			
							11/27/1995			
<del></del> i	ace of Business	2a. Mailing Address					El Number		$\vdash$	Applied For Not Applicable
21 26 Suite Apt. # etc. Suite, Apt. #, etc.			<del></del>			<u>                                     </u>	<u>55-0632604</u>			Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. (	Certifcate of Status Desired			Required
- City & State - City & State						6. E	lection Campaign Financing	Li	- \$5.00	🕽 Мау Ве 😁
28						· }·	rust Fund Contribution		_	d to Fees
Zip	Country	Zip	Countr	ry			This corporation owes the curr			
24	25	29 3	0				Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	8	41	Name	10.	Name and Address of New I	kegisterea A	gent	
FISH	ER, RICHARD A									
8805 SW 129TH ST			8	82 Street Add			D. Box Number is Not Accepta	able)	·	
MIAMI FL 33176			8	83			•			
		•	8	4	City			FL	85 Zip	Code
			***	4			aubmits this statement for the		hanging i	te registered
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, typed or printed name of registered agent	and title if annirable (NOTE: R	tegistered Ag	ent si	ignature required	when reli	nstating)	DATE		<u> </u>
12.	OFFICERS AN		13.				DDITIONS/CHANGES TO OF	FICERS AND	DIRECT	FORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE						Change	e
NAME	FISHER, RICHARD A.		1.2 NAME	Ξ	Ì					
STREET ADDRESS	14101 SW 80TH AVENUE			1.3 STREET ADDRESS					•	
CITY-ST-ZIP	MIAMI FL 33158		1.4 CITY-	ST-Z	ZIP					
TITLE	VP □ DELETE 2			2.1 TITLE					Change	e 🗌 Addition
NAME	FISHER, THERESA D. 2			2.2 NAME						l
STREET ADDRESS	14101 SW 80TH AVENUE			2.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	1/11/2 4/11 1 2 40 1 40			2. 4 CITY-ST-ZIP						
TITLE	ST □ DELETE 3:				i			•	☐ Change	e T Addition
NAME	Honen, Maron C.			3.2 NAME						1
STREET ADDRESS	8221 SW 142 ST		3.3 STRE	ET A	DDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY		ZIP				Change	e Addition
TITLE				4.1 TITLE					[_] Origing(	
NAME			4. 2 NAM							
STREET ADDRESS			4.3 STRE							ļ
CITY-ST-ZIP	<del></del>	☐ DELETE	4.4 CITY-		ZIP				Change	e 🔲 Addition
TITLE			5.1 ITILE		ſ					
NAME			5.3 STRE		DDRESS					l
STREET ADDRESS			5.4 CITY-							ļ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE						Change	e
NAME		<u></u>	6.2 NAME	E					- •	
STREET ADDRESS			6.3 STRE	ET A	DORESS					

C/TY-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 adachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR