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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093283 (6)

LOS DOS COMPADRES, INC.

Principal Place of Business

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Mailing Address

650 NORTHWEST 96TH STREET OKEECHOBEE FL 34972

650 NORTHWEST 98TH STREET OKEECHOBEE FL 34972

FILED Apr 24 1998 8:00 am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

								וביטון ווספט				
2. 21	Principal Place of Business				2a. Mailing Address 26					4, FEI Number 65-063 1530	Applied For Not Applicable	
	Suite, Apt. #, etc.			1-1-	Suite, Apt. #, etc.						\$8.75 Additional	
22					27					5. Certificate of Status Desired	Fee Required	
	City & State				City & State					6. Election Campaign Financing	\$5.00 May Be	
23				28	28					Trust Fund Contribution	Added to Fees	
	Zip		Country		Zip	C	ountry			8. This corporation owes or has paid the currel		
24		ľ	25	29		30					Yes No	
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent			
MEDRANO, HILDA								81 Name				
650 NW 98TH STREET							0					
OKEECHOBEE FL 34972							82 Street Address (P.O. Box Number is Not Acceptable)					
ALMENTARE LE ATALE							83	\vdash		-	· · · · · · · · · · · · · · · · · · ·	
							84	C	ity	FL	85 Zip Code	
44	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.												
Sh	SIGNATURE Signature, typind or printed name of registered agent and their it applicable. (NOTE Registered Agent signature required when reinstating) DATE											
40		Signature, lyped						ni sig	gnature required		VIDECTORS IN 10	
12		PD	OFFICERS A	IND DIMEC	DELETE	13	1ITLE		—т—	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition	
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	ME		RTHWEST 98TH STI	DEET			NAME					
	REET ADDRESS		HOBEE FL 34972	NCEI		1	STREET					
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NA	ME		NDO, HILDA	\		2.2	NAME					
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CIT	Y-ST-ZIP	OKEECH	IOBEE FL 34972			2. 4	CITY-S	ST- ZI	Р			
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511	REET ADDRESS					9.3	OINEEL	יטטא	ness	- ··· · · · · · · · · · · · · · · · · ·		

64 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 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 attachment with an address.

Him MEDRIAN

21, 197 (941) 464-5796