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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED Mar 13 1998 8:00am Sandra B. Mortham Secretary of State

	1998	DIVISION C	F CORPOR	ATIONS	Scorciai	y or st	aic	
DOCU 1. Corporatio		00013213 (9	9)					
Daine and Disco	- al Duringer	NACTION AND ADDRESS OF THE PARTY OF THE PART		-,	{	(84 701 14884 14410 11801 11		
Principal Place of Business Mailing Address								
20195 SW 316TH ST 20195 SW 316TH ST HOMESTEAD FL 33030 HOMESTEAD FL 33030			10					
US		US	-		DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualified 02/12/1996			
-	lace of Business	2a, Mailing Address			4. FEI Number		plied For]
Suite, Apt.	# Alo	Suite, Apt #, etc.	·····		65-0641122		t Applicable	4
22	w, etc.	27			5. Certificate of Status Desired	Fee Re	Additional equired	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution	Added 1	o Fees	j
Zip	Country	Zip	h	intry	8. This corporation owes or has paid			1
24	25	29	30		Personal Property Tax due June 3	<u> </u>	No	4
	9. Name and Address of Cur	rem negistered Agent		81 Name	10. Name and Address of New Regi	stered Agent		┨
	PPEZ, EURO J 195 SW 316TH ST							╛
HOMESTEAD FL 33030				82 Street Addi	ress (P.O. Box Number is Not Acceptable	o)		
				83				1
				84 City		les Zin	Code	┨
				' '		FL I'' I '		ŀ
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	itutes, the al	bove-named corp	poration submits this statement for the pur tion's board of directors. I hereby accept	rpose of changing it	s registered	1
agent I a	m familiar with, and accept the ob	digations of Section 607.0505,	Florida Stat	lutes.	tion's board of directors. Thereby accept	the appointment as	registered	
SIGNATURE			·					
12.	Signature, typed or profed name of registered OFFICERS /	AND DIRECTORS	13.	d Agent signature requir	ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRECTOR	S IN 12	Ę
TITLE	PSD	☐ DELETE	1.1 T(TLE		☐ Change	☐ Addition	ţŝ
NAME	Lopez, Euro J		1.2 N/	AME				2
STREET ADDRESS	20195 SW 316TH ST		1.3 \$1	TREET ADDRESS				È
CITY-ST-ZIP	HOMESTEAD FL		1.4 CI	TY-ST-ZIP				78
TETLE	VID	☐ DELETE	2.1 TI	TLE		Change	Addition	Ic
NAME	FUENTES, LAZARO R		2.2 NJ					
STREET ADDRESS	20195 SW 316TH ST HOMESTEAD FL			REET ADDRESS				ł
CITY+ST-ZIP TITLE	11VIIICVICAUIL	DELETE	2 4 C	TLF	7	☐ Change	Addition	1
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STREET ADDRESS			4.3 ST	REET ADDRESS				l
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STREET ADDRESS				REET ADDRESS				1
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NAME			6.2 N/	\ \		the strange		1
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			640	TY-ST-ZIP				
14. I hereby c	ertify that the information supplied	with this filing does not qualif			Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the	information	1

indicated on this armual report or supplemental officer or director of the corporation or the recoll Block 12 or Block 13 if changed, or on an attack. mal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an at trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

EURO J. LOPEY (308)248-1240