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 # P96000013588

1. Corporation Name

Principal Place of Business

5811 W. 20 LANE HIALEAH FL 33016 Mailing Address

5811 W. 20 LANE HIALEAH FL 33016

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90011 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 02/09/1996

2. Principal F	Place of Business	2a. Mailing Address			4.	FEI Number			I An	plied For ··
21	26		•			65-0642713			_ 	t Applicable
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.				-	1 . r	·	-:	\$8.75	
22	27				5.	Certificate of Stau	s Desired		Fee Re	
City & State City & State					-	Election Campaig	n Einancina			
23 28						Trust Fund Contri			\$5.00 Added t	
Zip							~~	ent voor Int		O Tees
24 25 29 30			30		8. This corporation ows the current year Intangible Personal Property Tax, ☑ Yes ☐ No					
	9. Name and Address of Current I	1			Name and Addre		egistered		- 140	
					9	<i>y</i> -	1	-g.o.u.ou		
PEREZ-BORROTO, WILFREDO										
5811 W. 20 LANE				82 Street Address (P.O. Box Number is Not Acoptable)						
HIALEAH FL 33016			83	83 (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4						
			-	T]						
				City			1	1	85 Zip C	ode 😘
language and the second of										
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. Thereby accept the abountment as 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 algorithment 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 at			t signature	required when rei			DATE	<u> </u>	
12.	OFFICERS AND		13.		A	DDITIONS/CHAN	GES TO OF	FICERS AN		
TITLE		jaka (Maria#JØ),DELETE	1.1 TITLE		'				□Change	Addition
NAME	PEREZ-BORROTO, WILFREDO		1.2 NAME		}			•		1 17
STREET ADDRESS	5811 W. 20 LANE		1.3 STREET	ADDRESS	٤					
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST	-ZIP					`	
TITLE .	· D	☐ DELETE	2.1 TITLE		•				☐ Change	
NAME	PEREZ BORROTO, IVIO LIDIA		2.2 NAME							
STREET ADDRESS	5811 W. 20 LANE		2.3 STREET	ADDRESS	;					
CITY-ST-ZIP	HIALEAH FL 33016		2.4 CITY-S	F-ZIP			•		•	
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STREET ADDRESS			4.2 IVAME	ADDDCCC	.[•	
CITY-ST-ZIP										
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NAME		C OLLEIL	5.1 TITLE 5.2 NAME			4 -			∵ change	☐ woonour
1	•		5.3 STREET	ADDDESS		· .				
STREET ADDRESS	175]
CITY-ST-ZIP	2.	The person	5.4 CITY-ST	ZIP		, , , , , , , , , , , , , , , , , , , ,				
TITLE		☐ DELETE	6.1 TITLE						Change	Addition
NAME			6.2 NAME	i		•				
STREET ADDRESS	The state of the s		6.3 STREET	ADDRESS					_	
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • •		6.4 CITY-ST-	ZiP						

1. 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 attainment with an address, with all other like empowered

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 999 Date

Daytime Phone #

32F034 (11/98)