

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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90112 022 \*\*\*150.00

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1. Corporation Name

GARRIN AND FACENDO ASSOCIATES, INC.



Principal Place of Business

1859 NORTH PINE ISLAND ROAD  
SUITE 303  
FORT LAUDERDALE FL 33322

Mailing Address

1859 NORTH PINE ISLAND ROAD  
SUITE 303  
FORT LAUDERDALE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number

65-0726794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 6950 Cypress Road  
Suite, Apt. #, etc.

22 Suite 208-2

City & State

23 Plantation, FL 33317

Zip Country

24 33317 25 Broward

2a. Mailing Address

26 6950 Cypress Road

Suite, Apt. #, etc.

27 Suite 208-2

City & State

28 Plantation, FL 33317

Zip Country

29 33317 30 Broward

9. Name and Address of Current Registered Agent

LONDON, MARK S  
4030-C SHERIDAN STREET  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME GARRIN, HARMON  
STREET ADDRESS 1859 NORTH PINE ISLAND ROAD, SUITE 303  
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE VPD ☐ DELETE

NAME FACENDO, MICHAEL  
STREET ADDRESS 1859 NORTH PINE ISLAND ROAD, SUITE 303  
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE SD ☐ DELETE

NAME GARRIN, EVELYN  
STREET ADDRESS 1859 NORTH PINE ISLAND ROAD, SUITE 303  
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 6950 Cypress Road, Suite 208-2  
1.4 CITY-ST-ZIP Plantation, FL 33317

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 6950 Cypress Road, Suite 208-2  
2.4 CITY-ST-ZIP Plantation, FL 33317

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 6950 Cypress Road, Suite 208-2  
3.4 CITY-ST-ZIP Plantation, FL 33317

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE:

Harmon Garrin, President

(954) 423-0801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0302637