

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000024494 (2)**

1. Corporation Name

FAMILY POOL OF MIAMI INC

Principal Place of Business

**1870 BAY DRIVE
MIAMI FL 33141**

Mailing Address

**1870 BAY DRIVE
MIAMI FL 33141**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**GARCIA, DAISY
1870 BAY DRIVE
MIAMI FL 33141**

3. Date Incorporated or Qualified

03/19/1996

4. FEI Number

65-0653485

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Isabel Alcaro

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

4410 SW 112 Ct.

83

84 City

MIAMI FL.

FL

85 Zip Code

33165

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]**
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	PD	DELETE
NAME	GARCIA, DAISY	
STREET ADDRESS	1870 BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	STD	DELETE
NAME	HORMAZA, AMERICA	
STREET ADDRESS	1870 BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33141	
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	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	Isabel Alcaro	
1.3 STREET ADDRESS	4410 SW 112 Ct.	
1.4 CITY-ST-ZIP	MIAMI FL. 33165	
2.1 TITLE	TESORERO	☐ Change ☒ Addition
2.2 NAME	Eddy Martinez	
2.3 STREET ADDRESS	825 SW 5 St. #2	
2.4 CITY-ST-ZIP	MIAMI FL. 33130	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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.

SIGNATURE: **[Signature]**

APPROVED
AND
FILED

98 SEP 16 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)