

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 # **P96000028188 (6)**
1. Corporation Name

ALBA N. CASTILLO P.A.

Principal Place of Business
**1840 W 49 STREET STE 100
HIALEAH FL 33012**

Mailing Address
**1840 W 49 STREET STE 100
HIALEAH FL 33012**

FILED
Oct 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **111 N. W. 183 Street**
22 **512**
City & State
23 **N. MIAMI FL.**
Zip
24 **U.S.A.**

2a. Mailing Address

26 **P.O. Box 42**
Suite, Apt. #, etc.
27 **—**
City & State
28 **HALLANDALE, FL.**
Zip
29 **33008**
Country
30 **U.S.A.**

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

65-0664020

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.

3 Yes ☐ No

9. Name and Address of Current Registered Agent

**CASTILLO, ALBA N
1840 W 49 STREET STE 100
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name **ALBA N. CASTILLO**
82 Street Address (P.O. Box Number is Not Acceptable)
1893 S. Ocean Drive
83 **Apt. 603**
84 City **Hallandale** FL 85 Zip Code **33009**

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 **Alba N. Castillo**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTILLO, ALBA N	
STREET ADDRESS	1840 W 49 STREET STE 100	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alba N. Castillo	
1.3 STREET ADDRESS	1893 S. Ocean Drive #603	
1.4 CITY-ST-ZIP	Hallandale, FL. 33009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Alba N. Castillo**

9/15/98 954-454-9846

CR2E034 (5/98)