Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90144 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028188

1. Corporation Name

ALBA N	CASTILLO P.A.				
Principal Flac	e of Business	Mailing Address		- I I MANKO DI KIM HANTA DILEK MANTA MANTA MANTA MANTA	inn tinne i bent trant sprat terr som
111 NW 183 S	TREET	PO BOX 42			
512 HALLANDALE FL 33008					WO 00 + 0E
N MIAMI FL 33012 US				DO NOT WRITE IN TH	IS SPACE
บร				04/01/1996	
2, Principal P	flace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0664020	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & 5 tat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Persor al Property Tax. 10. Name and Address of New Registers	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers	u Agein
CASTILLO, ALBA N					
1893 S OCEAN DRIVE			82 Street Ac dre	ess (P.O. Box Number is Not Acceptable)	
AF'T			83		
HAL	LANDALE FL 33009				
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu:es	s, the above-named corpo	oration submits this statement for the purpose	of changing its registered
l office or t	registered agent, or both, in the State om familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by the corporatio	n's board of cirectors. I hereby accept the app	cointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTL): F	Registered Agent signature required	when reinstating) DATE	·
12.	 _	NE DIRECTORS	13.	ADDITIC NS/CHANGES TO OFFICERS	IND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASTILLO, ALBA N		1.2 NAME		
STREET ADDRESS	1893 S OCEAN DRIVE #603		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Clores Cladding
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME		C VECETIC	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRES			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
CTDEET ADDDECO			6.3 STREET ADDRESS		

14. I hereby certify that the informatic n supplied with his 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 uncer 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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRES:

CITY-ST-ZIP