## 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 # P96000033033

1. Corporation Name

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90040 010 \*\*\*158.75

FERCOR	II, INC.					
	•				L KERLIKERI KIR LEKIR BUKH BEKKI ERKIK ERKIK BEKKI BEKEL KHRE KHRE KHRE BUKER KIKER KIR	
Principal Place of Business Mailing Address						
12320 SW 96TH STREET 12320 SW 96TH STREET MIAMI FL 33186 MIAMI FL 33186					DO NOT WRITE IN THIS SPACE	
	:				3. Date Incorporated or Qualified	
•					04/12/1996	1
2, Principal Place of Business 2a. Mailing Address					4. FEI Number Applied F	or
21 26					65-0659706 Not Applie	cable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Addition	nal
27				ree Required		
City & State City & State				6. Election Campaign Financing \$5.00 May B		
28				Trust Fund Contribution Added to Fees		
Zip Country Zip			Countr	у	8. This corporation owes the current year Intangible	
	24 25 29 30				Personal Property Tax. Yes No	
	9. Name and Address of Curren	t Registered Agent	8-	Name	10. Name and Address of New Registered Agent	
COR	ITIZO, MAYRA Y		Ľ			
12320 SW 96TH STREET			8:	2 Street Add	Idress (P.O. Box Number is Not Acceptable)	
MIAMI FL: 33186		8:	3			
			8	4 City	FL 85 Zip Code	Ì
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				ve-named cor	progration submits this statement for the purpose of changing its register	red
office or a	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such Change was au	inorized b	v the corporat	ation's board of directors. I hereby accept the appointment as registered	d
_		gons of, section our coos, mon	da Otalule	٥,		ļ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: f	Registered Age	ent signature requir	uired when reinstating) - DATE	}
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	P	☐ DELETE	DELETE 1.1 TITLE		. □ Change □ A	ddition
NAME	CORTIZO, GUILLERMO M				,	Į
STREET ADDRESS	12020 011 011121		1.3 STRE	ET ADDRESS		- 1
CITY-ST-ZIP_			1.4 CITY-	ST-ZIP	Chausa Cla	ddition
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ A	NOGILION
NAME [	FERNANDEZ, RAFAEL		2.2 NAME	Ļ	· ·	ļ
STREET ADDRESS	12100 SW 97TH TERRACE		•	ET ADDRESS		
CITY-\$T-ZIP			2. 4 CITY-		☐ Change ☐ A	ddition
TITLE	FEDMANDEZ OFFIIA		3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	NO INCIDIT
NAME	FERNANDEZ, OFELIA		3.2 NAME	l l		1
STREET ADDRESS	12100 SW 97TH TERRACE			ET ADDRESS		1
CITY-ST-ZIP TITLE	MIAMI FL 33186	☐ DELETE	3.4. CITY- 4.1 TITLE		☐ Change ☐ A	ddition
1	CORTIZO, MAYRA Y	<u> </u>	4. 2 NAME	1		
NAME	12320 SW 96TH STREET			ET ADDRESS	· ·	
STREET ADDRESS	MIAMI FL 33186					1
CITY-ST-ZIP TITLE	IIII/AHA I C OO IOO	☐ DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		- Change A	ddition
NAME		<u></u>	5.2 NAME	1	_ • -	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	540		•	ı		1
TITLE			5.4 CITY-	ST-ZIP		
		☐ DELETE	5.4 CITY- 6.1 TITLE		☐ Change ☐ A	ddition
NAME !		☐ DELETE			Change A	addition
NAME STREET ADDRESS		☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ A	addition

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 only attachment with an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP