FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1998 8:00am

Secretary of State

DOCUMENT #

P96000033733 (2)

1909 C	AFE', INC	, ,			
Principal Plac	ce of Business	Mailing Address		-	
5710 BIRD ROAD MIAMI FL 33155		5710 BIRD ROAD Miami FL 93155		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	TIIO OI AGE.
				04/15/1996	
— '	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0658975	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution This corporation owes or has paid the	Added to Fees
24	25	F 1	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current F			10. Name and Address of New Registe	
TREVILLA, MARIO 81 Name					· · · · · · · · · · · · · · · · · · ·
5710 BIRD ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	·
MIAMI FL 33155					····
			B3		
			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 preseducers of registered agent and the it applicable. (NOTE Registered Agent signature required when refinstating). DATE					
12.	Signature typed or printed name of registered agent a OFTICERS AND I	The second secon	Hegistered Agent signature require	ad whon reinslating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DECETE	1,1 Title	ADDITIONAL OF THE CONTROL OF THE CON	Change Addition
NAME	TREVILLA, MARIO	-	1.2 NAME		
STREET ADDRESS	5710 BIRD RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 C(1) Y - ST - Z(P		
TITLE	VD	DELETE	2.1 7(1),E		☐ Change ☐ Addition
NAME	TREVILLA, AMANDA		2.2 NAME		
STREET ADDRESS	5710 BIRD RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 C(1Y-ST-Z(P		
TITLE	SD	DITETE	3.1 TITLE		Change Addition
NAME	VALLE, NEISA		3.2 NAME		
STREET ADDRESS	5710 BIRD RD.		3 3 STREET ADDRESS		
CITY+ST-ZIP	MIAMI FL		3.4. City - St - ZIP		
TITLE	TD TOTAL	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TREVILLA, JORGE		4. 2 NAME		
STREET ADDRESS	5710 BIRD RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33155	DELETE	44 CHY-ST-ZIP 51 THLF		☐ Change ☐ Addition
NAME		. Figure 10			C change C vooition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CITY-ST-7IP 61 THLE		☐ Change ☐ Addition
NAME		LJ Pritie	6.2 NAME		Complete Land Controll
STREET ADDRESS			6.3 STREET ADDRESS		
J	I				

14. Thereby 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.