

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

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90003 026 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038898

1. Corporation Name
MIAMI CADILLAC CORP.

Principal Place of Business
**6795 SW 19TH TERR
MIAMI FL 33155**

Mailing Address
**6795 SW 19TH TERR
MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1996

4. FEI Number **65-0668662**
Applied For ☐
Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **6191 W. Flagler St #36**
Suite, Apt. #, etc. **MIAMI FLA 33144**
City & State
22 **MIAMI FLA 33144**
City & State
23
Zip Country
24 **U.S.A.**
25 **U.S.A.**
26 **6191 W. Flagler St #36**
Suite, Apt. #, etc. **MIAMI FLA 33144**
City & State
27 **MIAMI FLA 33144**
City & State
28
Zip Country
29 **U.S.A.**
30 **U.S.A.**

9. Name and Address of Current Registered Agent

**DIAZ, RAUL SUAREZ
6795 SW 19TH TERR
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------|-------------------|----------------|--------------------------|
| DP | DIAZ, RAUL S | 6795 SW 19TH TERR | MIAMI FL 33155 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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, with all other like empowered.

SIGNATURE: **X** **RAUL SUAREZ DIAZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 305-262-7440
Date Daytime Phone #

CR2E034 (1/98)