FLE 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

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90041 006 ***150.00

| 1. Corporati | on Name # P9600 | 0066297 | | | | | |
|--|--|--|--|---|---|--------------------------------|-------------------|
| | R CHAIN AND UP, INC. | | | | | | |
| DOLLAI | II OHANI AND OF , MO | | | | | #21 0 0 11(# #121# 21#) | |
| | | | | | | | |
| Principal Pla | ce of Business | Mailing Address | | | | BALL DINA TUND HIDH | Halli Idel Idel |
| 380 EAST 9TH STREET, BAY #9 380 EAST 9TH STREET, BA | | | T RAY #0 | | 4 3 48 | | , |
| | | HIALEAH FL 33010 | 1. DAI #3 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | | | | | DO NOT WRITE IN T | HIS SPACE | |
| | | | | | Date Incorporated or Qualifed | • | , |
| - 51 / | | | | | 08/08/1996 | | |
| , · | Place of Business | 2a. Mailing Address | | | 4. FEI Number | J | plied For- |
| 21 Cuito Ant | . # oto | 26 | | | 65-0687272 | | t Applicable |
| Suite, Apt | i. #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 | |
| City & Sta | ate | City & State | | | | Fee Re | ' |
| 23 | | 28 | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added | , , |
| Zip | Country | Zip | Count | rv | | | orees |
| 24 | 25 | 29 | 30 | , | This corporation owes the current year Personal Property Tax. | Tritangible ☐ Yes | □No |
| | 9. Name and Address of Curr | | 100 | | 10. Name and Address of New Register | | |
| | | | 8 | 11 Name | | | |
| Amerilawyer Chartered 343 Almeria Avenue Coral Gables Fl 33134 | | | - | 2 Street Add | Irona (B.O. Boy Number in Not Assessable) | • | |
| | | | ľ | Street Add | reet Address (P.O. Box Number is Not Acceptable) | | |
| | | | 8 | 3 | | | |
| | | | _ | 4 City | | | |
| | | | 10 | 4 City | F | E 85 Zip 0 | ode |
| 11. Pursuant | t to the provisions of Sections 607.0 | 502 and 607.1508, Florida St | atutes, the abo | ve-named corp | poration submits this statement for the nurnose | of changing its | registered |
| omice or agent. I a | registered agent, or both, in the Sta am familiar with, and accept the obli | te of Florida. Such change wa gations of, Section 607.0505. | as authorized b Florida Statute | y the corporati es. | on's board of directors. I hereby accept the ap | pointment as re | gistered |
| SIGNATURE | | ٠, | | | | • | |
| | Signature, typed or printed name of registered a | | IOTE: Registered Ag | ent signature require | ed when reinstating) DATE | | |
| 12. | · · · · · · · · · · · · · · · · · · · | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | PODDICUEZ ALICIA | ☐ DELETE | | | | Change | ☐ Addition |
| NAME | RODRIGUEZ, LUCIA | | 1.2 NAME | Ē | | | ·] |
| STREET ADDRESS | ! | | 1.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH FL VSD | □ DELETE | 1.4 C(TY- | | | | |
| TITLE | | ☐ DELETE | | | | ☐ Change | ☐ Addition |
| NAME | SANCHEZ, RAFAEL | . 40 | 2.2 NAME | | | | |
| STREET ADDRESS | 1 | #3 | | ET ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL 33010 | ☐ DELETE | 2. 4 CITY | | | | |
| TITLE | | I I DELETE | 3.1 TITLE | | | | ☐ Addition |
| | + | | | | | ☐ Change | |
| NAME | | | 3.2 NAME | : | | ∐ Change | |
| STREET ADDRESS | | | 3.2 NAME 3.3 STRE | ET ADDRESS | | Change | |
| STREET ADDRESS CITY-ST-ZIP | | | 3.2 NAME 3.3 STRE 3.4. CITY | ET ADDRESS -ST-ZIP | | · | <u>.</u> |
| STREET ADDRESS CITY-ST-ZIP TITLE | | DELETE | 3.2 NAME 3.3 STRE 3.4. CITY- 4.1 TITLE | ET ADDRESS -ST-ZIP | | ☐ Change | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | , | | 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAME | ET ADDRESS - ST-ZIP | | · | <u>.</u> |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | , | | 3.2 NAME 3.3 STRE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STRE | ET ADDRESS -ST-ZIP E ET ADDRESS | | · | <u>.</u> |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ' | , | ☐ DELETE | 3.2 NAME 3.3 STRE 3.4. CITY- 4.1 TITLE 4. 2 NAMI 4.3 STRE 4.4 CITY- | ET ADDRESS -ST-ZIP E ET ADDRESS ST-ZIP | | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ' TITLE | , | | 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE | ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP | | · | <u>.</u> |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ' TITLE NAME | | ☐ DELETE | 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME | ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP | | ☐ Change | Addition Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ DELETE | 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE | ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS | | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ' TITLE | | ☐ DELETE | 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME | ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS | | ☐ Change | Addition 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 changes on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS