## 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 # P96000068819

1. Corporation Name

EN FUEGO INC

Principal Place of Business

Mailing Address

2742 SW 8 STREET #201 MIAMI FL 33135

2742 SW 8 STREET #201 MIAMI FL 33135

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90301 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed	_ = _==	
						08/19/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21 26						65-0710835	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt.			Apt. #, etc.			5. Certifcate of Status Desired	<b>+</b>	Additional
22 27						5. Certificate of Otatus Desired	Fee R	equired
City & State City & State						6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year Intan-	-	DEL L
24 25 29 30				<u>)                                    </u>		T Crockett 1 (Specify 1 and	Yes	<b>⊠</b> No
	9. Name and Address of Current	Registered Agent		81 N	Name	10. Name and Address of New Registered Ag	ent	
GONZALEZ, JOSE L				"	varrie	· .		
2742 SW 8 STREET #201				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33135				83				
WILMIN I L 33103				03				
			Ī	84 C	City	P1	85 Zip	Code
	(6)	COZ 4500 Florido State	- 14h - 5h	1010 =	amad aar- *:	FL	anging its	s registered
office or r	egistered agent, or both, in the State of	it Florida. Such change was au	thonzed	by the	arneu corpoi e corporation	ration submits this statement for the purpose of ch i's board of directors. I hereby accept the appointn	nent as re	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statu	tes.	•			
SIGNATURE	Jo for	and title if explicable /hicker.	Ponietari	Agert o-	mahina mander d	when reinstating) DATE	44	
12.	Signature, typed of printed name of registered again OFFICERS AND		13.	-Gent sig	gradure required t	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PVST	☐ DELETE	1.1 1711	LE			Change	Addition
NAME .	GONZALEZ, JOSE L	_	1.2 NA					
STREET ADDRESS				REET ADI	DRESS			
CITY-ST-ZIP	MIAMI FL 33135			1.4 CITY-ST-ZIP				
TITLE .	D	☐ DELETE			-		Change	Addition
NAME	GONZALEZ, JOSE L		2.2 NA	ME				
STREET ADDRESS	2742 SW 8 STREET #201			REET ADI	DRESS			
CITY-ST-ZIP MIAMI FL 33135			2.4 CI					
TITLE		☐ DELETE	3.1 1111		<del>-   -</del>		Change	☐ Addition
NAME			3.2 NA					
STREET ADDRESS				REET ADI	DRESS	٠.		
CITY-ST-ZIP				ry-st-zi				
TITLE		DELETE =	÷4.1•1111		متنسن إيدي		Change	☐ Addition
NAME			4.2 NA	ME	ļ			
STREET ADDRESS			4.3 STF	REET ADO	DRESS			
CITY-ST-ZIP				Y-ST-ZI				
TITLE		DELETE	5.1 T/TT				Change	☐ Addition
NAME			5.2 NA	ME.				İ
STREET ADDRESS	·		5.3 STF	REETAD	ORESS	•		
CITY-ST-ZIP			5.4 CIT	Y•ST-ZI	P			<u>'</u>
TITLE		☐ DELETE	6.1 TITI	LE			Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	REET ADI	DRESS	•		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIF	Р			

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 ecemper 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:

REQUIRED