PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90075 041 ***150.00

DOCUMENT # P96000078410

1. Corporation Name

Principal Place		Mailing Address SERASMO M. TEJEDA				
% ERASMO M. TEJEDA 89 20 NW 7TH STREET. #91 MIAMI FL 33126				DO NOT WRITE IN THIS SPACE		
TriARRI FR 330U.				3. Date Incorporated or Qualifed 09/20/1996		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	<u> </u>	ed For
21 CRAPO TO TEEDA - 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0693764		upplicable
22 7831 NW 193 tEll 27				5. Certificate of Status Desired S8.75 Additional Fee Required		
- City & State - City & State				=6.7 Election:Campaign.Financing \$5.00:May Be		
23 TUPPU TO 28 Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible		
24 33015 25 ピセンリー 29 30 30				Personal Property Tax.		
24, 5 5	9. Name and Address of Currer		<u> </u>	10. Name and Address of New Registered	l Agent	
			81 Name			Ì
"####### TO J BEWO E PD " C C				dress (P.O. Box Number is Not Acceptable)		
SHITE-91 TIME! FL 33015.			83			
. 84				FI	85 Zip Co	İ
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	02 and 607.1508, Florida Statutes, t of Florida. Such change was autho ations of, Section 607.0505, Florida	the above-named corporation orized by the corporation Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing its re intment as regis	gistered tered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if annifrable (NOTE: Rec	gistered Agent signature required	(when reinstating) DATE		\
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	TEJEDA, RUBEN D	200 L-0	1.2 NAME	•		
STREET ADDRESS	-8320 N.W. 7 STREET=191-7		3 STREET ADDRESS			ļ
CITY-ST-ZIP	MIAMIEE 38126	t71441 FR 3301	1.4 CITY-ST-ZIP	·		
TITLE	D	DELETE	2.1 TITLE		Change	Addition
NAME	TEJEDA, ERASMO M	7831 WW 193 ER	2.2 NAME			1
STREET ADDRESS	8320-N.W. 7-STREET, #91	19194172 3306	Z3 STREET ADDRESS	·		
CITY-ST-ZIP	MAMPE 38129	DELETE :	2.4 CiTY-ST-ZIP		Change	Addition
NAME			3.2 NAME		_ ,	_
STREET ADDRESS			3.3 STREET ADDRESS		1	
CITY-ST-ZIP	·	•	3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
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NAME			4. 2 NAME	-		
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STREET ADDRESS CITY-ST-ZIP	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	-	☐ Change	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 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition