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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90026 042 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000080488

JORGE L ESTEBAN, P.A.

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Principal Plac		Mailing Address			•			
9995 SUNSET DR 9995 SUNSET DR					•			
SUITE 214 SUITE 214				. DO NOT WRITE IN THIS SPACE				
MIAMI FL 33173 MIAMI FL 33173 US US			3 Date Incor	3. Date Incorporated or Qualifed				
00		•		09/26/19				
2. Principal P	Place of Business	2a, Mailing Address		4, FEI Numb			Ap	plied For
21		26		NOT AF	PLICABLE		No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27		5. Certificate	of Status Desired		Fee Re	quired
City & Stat	te	City & State		6. Election C	ampaign Financing		\$5.00	May Be
23		28		1	d Contribution		Added t	
Zip	Country	Zip	Country	8. This corpo	ration owes the curr	ent year Inta	ıngible	
24	25	29	30		Property Tax.	·	☐ Yes	□No
	9. Name and Address of Cur	rrent Registered Agent		10. Name and	d Address of New F	Registered /	Agent	
			81 Nan					
ZIMI	MERMAN, MICHAEL J	82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)					
13320 S.W. 128TH STREET MIAMI FL 33186			OZ SIFE	. Address (F.O. BOX NC		autoj	<u> </u>	رم و المستخد الحي
			83					73.364
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			84 City	•		FI	85 Zip (	Code ***
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE: S AND DIRECTORS	Registered Agent signatu	required when reinstating) , :	S/CHANGES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	7,35,110,11	NA NE		Change	Addition
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CITY-ST-ZIP	MIAMI FL 33186			1				
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in 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 suppliemental 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 an important processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**SIGNATURE** 

I hereby certify that the information officer or director of the corporal Block 12 or Block 13 if changed

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition