Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

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 # P96000086961

1. Corporation Name

Suite, Apt. #, etc.

City & State

23

24

CRAND CANAL DR 9008 GRAND CANAL DR	Mailing Address	Principal Place of Business
	9028 GRAND CANAL DR. MIAMI FL 33174	9028 Grand Canal Dr. Miami Fl 33174

27

28

Suite, Apt. #, etc.

City & State

Zip

25 29 9. Name and Address of Current Registered Agent

Country

AVENDANO, ARTURO JR. 9028 GRAND CANAL DR.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90064 033 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

10/22/1996 4. FEI Number

65-0701881

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing

MIAMI FL 33174			1							
		84			FL	Zip Co				
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 reinstatung) DATE										
12.	OFFICERS AND DIRECTORS	13.								
TITLE	DP DELETE	1.1 TITLE			Cha	inge	☐ Addition			
NAME	AVENDANO, ARTURO JR.	1.2 NAME								
STREET ADDRESS	9028 GRAND CANAL DR.	1.3 STREE	TADDE	RESS			İ			
CITY-ST-ZIP	MIAMI FL 33174	1.4 CITY- S	T-ZIP							
TITLE	DV DELETE	2.1 TITLE			Cha	nge	Addition			
NAME	AVENDANO, MARIA C	2.2 NAME					}			
STREET ADDRESS	2130 SW 83 AVE.	2.3 STREET A		RESS			1			
CITY-ST-ZIP	MIAMI FL 33155	2. 4 CITY-ST		<u> </u>						
TITLE	☐ DELETE	3.1 TITLE			☐ Cha	inge	Addition			
NAME		3.2 NAME					ľ			
STREET ADDRESS		3.3 STREE	TADDE	RESS						
CITY-ST-ZIP		3.4. CITY-	ST-ZIP	<u> </u>						
TITLE	☐ OELETE	4.1 TITLE			Cha	enge	Addition			
NAME		4. 2 NAME		1						
STREET ADDRESS	DORESS 4.3.5			RESS						
CITY-ST-ZIP		4.4 CITY-5	ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE			☐ Cha	inge	Addition			
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREE	TADDE	RESS						
CITY-ST-ZIP		5.4 CITY- S	T-ZIP							
TITLE	☐ DELETE	61 TITLE			Ch;	ange	Addition			
NAME		6.2 NAME		ĺ						
STREET ADDRESS		6.3 STREE	T ADD	RESS						
CITY-ST-ZIP		6.4 CITY-5								
14. I hereby o	ertify that the information supplied with this filing does not qualify of the	ne exempted the	tion s	stated in Section 119.07(3)(i), Florida Sta signature shall have the same legal effe	atutes. I further certify that ect as if made under oath:	the info	rmation m an			

Country

81 Name

30

officer or director of the corporation or the receip Block 12 or Block 13 if changed, or or an attack to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the all other like empowered. SIGNATURE