**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000092649

CHAMORRO'S CORPORATION

Mailing Address

Principal Place of Business 13021 S.W. 88TH STREET

13021 S.W. 88TH STREET

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90102 015 \*\*\*150.00



| MIAMI FL 33186                          |   | MIAMI FL 33186                   |                           | DO NOT WRITE IN THIS SPACE  |                    |
|---|---|----------------------------------|---------------------------|---|--------------------|
|   |   |                                  |                           | 3. Date Incorporated or Qualifed  |                    |
|   |   |                                  |                           | 11/12/1996  |                    |
| 2. Principal Pl                         | ace of Business   | 2a. Mailing Address              |                           | 4. FEI Number   | Applied For        |
| 21                                      |   | 26                               |                           | 65-0709656  | Not Applicable     |
| Suite, Apt.                             | #, etc.   | Suite, Apt. #, etc.              |                           | a Contitue of Status Desired  | .75 Additional     |
| 22                                      |   | 27                               |                           |   | ee Required        |
| City & State                            | 9   | City & State                     |                           |   | 5.00 May Be        |
| 23                                      |   | 28                               |                           | Trust Fund Contribution A   | dded to Fees       |
| Zip                                     | Country   | Zip □                            | Country                   | This corporation owes the current year Intangible     Personal Property Tax.  Yes |                    |
| 24                                      | 25  | 29 30                            | <u> </u>                  | Personal Property Tax.  10. Name and Address of New Registered Agent              |                    |
|   | 9. Name and Address of Currer   | t Registered Agent               | 81 Name                   | 10. Name and Address of New Registered Agent                                      |                    |
| CHAI                                    | MORRO, FRANCISCO  |                                  |                           |   |                    |
| 13021 S.W. 88TH ST                      |   |                                  | 82 Street                 | Address (P.O. Box Number is Not Acceptable)                                       |                    |
| -MAMI FL 33186                          |   |                                  | 83                        | 174 SW 88 STREET  |                    |
| *************************************** |   |                                  |                           |   |                    |
|   |   |                                  | 84 City                   | 1 iani, FL, 3318(FL 85  | Zip Code           |
|   |   | 22 and 607 1509 Florida Statutos | the above named           | corporation submits this statement for the purpose of chang                       | ing its registered |
| office or re                            | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida, Such change was auth | norized by the corp       | oration's board of directors. I hereby accept the appointment                     | as registered      |
| SIGNATURE                               |   |                                  | <del></del>               | required when reinstating) DATE   |                    |
|   | Signature, typed or printed name of registered age  |                                  | egistered Agent signature | ADDITIONS/CHANGES TO OFFICERS AND DIR   | ECTORS IN 12       |
| 12.                                     |   | ID DIRECTORS  DELETE             | 13.<br>1.1 TITLE          | ADDITIONS/CHANGES TO OFFICERS AND DIR   | hange Addition     |
| TITLE                                   | D CHAMODDO CHAMA  | L. Decere                        | 1.2 NAME                  | 137745w 88 street   | • -                |
| NAME :                                  | CHAMORRO, ELIANA  |                                  | 1.3 STREET ADDRESS        |   |                    |
| STREET ADDRESS                          | 13021-S.W. 88TH STREET  |                                  | 1.4 CITY-ST-ZIP           | Mianie, Fl. 33186  137745w 88 Street  Mianie, Fl. 33186                           | Í                  |
| CITY-ST-ZIP                             | MIAMI-FL 33186  | DELETE                           | 2.1 TITLE                 | TXC   | hange Addition     |
| TIFLE                                   | D<br>CHAMORRO, FRANCISCO  | C) pret-12                       | 22 NAME                   | annu ci an catant   | _                  |
| NAME                                    | 18021 S.W. 88TH STREET  |                                  | 2.3 STREET ADDRESS        | 1371450 88 31100  |                    |
| STREET ADDRESS                          | MIAMI FL 99188  |                                  | 2.4 CITY-ST-ZIP           | Minni Ec. 33186   |                    |
| CITY-ST-ZIP                             | MIAMITE 33 TOO  | DELETE                           | 3.1 TITLE                 | □C  | hange Addition     |
|   |   |                                  | 3.2 NAME                  | _   | -                  |
| NAME                                    |   |                                  | 3.3 STREET ADDRESS        |   |                    |
| STREET ADDRESS                          |   |                                  | 3.4. CITY-ST-ZIP          |   |                    |
| CITY-ST-ZIP<br>TITLE                    |   | [] DELETE                        | 4.1 TITLE                 |   | hange 🔲 Addition   |
| NAME                                    | }   |                                  | 4. 2 NAME                 | _   | -                  |
|   |   |                                  | 4.3 STREET ADDRESS        | ,   |                    |
| STREET ADDRESS                          |   |                                  | 4.4 CITY-ST-ZIP           |   |                    |
| CITY-ST-ZIP                             |   | ☐ DELETE                         | 51 TITLE                  |   | hange              |
| NAME                                    |   | -                                | 5.2 NAME                  |   |                    |
| STREET ADDRESS                          |   |                                  | 5.3 STREET ADDRESS        |   | 1                  |
| -CITY-ST-ZIP                            |   |                                  | -5,4 CITY-ST-ZIP-         |   |                    |
| TITLE                                   |   | DELETE                           | 6.1 TITLE                 |   | hange Addition     |
| NAME                                    |   | / / 🗷                            | 6.2 NAME                  |   | ĺ                  |
| STREET ADDRESS                          |   |                                  | 6.3 STREET ADDRESS        |   |                    |
| CITY OF ZIP                             | /   |                                  | 6.4 CITY-ST-ZIP           |   | ļ                  |

14. I hereby certify that the information supplied with this fling 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 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 receipt of 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: