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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19, 1999 8:00am

Secretary of State

02-19-1999 90025 046 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094398

HIALEAH GARDENS SERVICE, INC.

			A dalar a								
Principal Place of Business		_	Mailing Address				1				
7750 NW 103RD ST		7750 NW STE 203	7750 NW 103RD ST								
STE 203 HIALEAH FL 33016			HIALEAH FL 33016				DO NOT WRITE IN THIS SPACE				-
THALEAST IE 33010							3. Date Incorporated or Qualifed				7
						•	11/19/1996				
2. Principal Pl	lace of Business	2a. Maili	ing Address			*	4, FEI Number		A	pplied For]
21		26					65-0709921		N	ot Applicable]
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional	
22		27	27				3. Certificate of Status Desired		Fee R	equired]
City & State	е	City	& State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution	<u> </u>	Added	to Fees	
Zip	Country	Zip		Cou	intry		8. This corporation owes the curr			_	
24	25	29		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Cur	rent Registered	Agent				10. Name and Address of New F	Registered A	gent		4
					81	Name					1
FLAMM, BRUCE 9400 SOUTH DADELAND BLVD. ST		STE 100	100		82	Street Addre	ress (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·		
	WI FL 33156				83						1
							<u> </u>]
					84	City		FL	85 Zip	Code .	
11. Pursuant	to the provisions of Sections 607.0	ບວບ∠ and oບ≀. ເວ ate of Florida. Su	08, Florida Statut ich change was a	tes, the a authorized	bove-i	named corporation	ration submits this statement for the	purpose of c at the appoin	manging it: tment as ri	s registered egistered	
office or n	egistered agent, or both, in the Sta m familiar with, and accept the ob- Signature, typed or printed name of registered	ate of Florida. Su digations of, Secti	ich change was a ion 607.0505, Flo able. (NOTE	uthorized orida Stat	a by th autes.	named corpoine corporation	n's board of directors. I hereby accep	DATE	DIRECT	ORS IN 12	1,00)
office or n agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the ob- Signature, typed or printed name of registered	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE	orida Stat	d by th utes.	ne corporation	when reinstating)	DATE	unient as it	ORS IN 12	(41/00)
office or nagent. I as SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE	:: Registered	d by the utes.	ne corporation	when reinstating)	DATE	DIRECT	ORS IN 12	04 (44/00)
office or nagent. I as SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PTD	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE	Registered 13. 1.1 TI 1.2 No	AME	ne corporation	when reinstating)	DATE	DIRECT	ORS IN 12	0000 (44,00)
office or nagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PTD ZUMARRAGA, CARLOS	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE	Registered 13. 1.1 TI 1.2 N	AME	signature required	when reinstating)	DATE	DIRECT	ORS IN 12	/ / / / /
office or nagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PTD ZUMARRAGA, CARLOS 4441 SW 75TH AVE.	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE	Registered 13. 1.1 TI 1.2 N	d by th utes. d Agent s TILE AME TREET A	signature required	when reinstating)	DATE	DIRECT	ORS IN 12	/ / / / /
office or nagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PTD ZUMARRAGA, CARLOS 4441 SW 75TH AVE. MIAMI FL 33155	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE RS	Registered 13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci	Agent s TLE TREET A TLE TREET A	signature required	when reinstating)	DATE	DIRECT	ORS IN 12	/ / / / / /
office or nagent. I an agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PTD ZUMARRAGA, CARLOS 4441 SW 75TH AVE. MIAMI FL 33155 VSD	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE RS	13. 1.1 Ti	d by thutes. d Agent s TLE AME TREET AI ITY-ST-2	signature required	when reinstating)	DATE	DIRECT	ORS IN 12	/ / / / / /
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE RS	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 π 2.2 N 2.3 S	d by thutes. d Agent s TLE AME TREET AI ITY-ST-2	signature required the ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	/ / / / / /
office or nagent. I an agent. I an agent a	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE RS	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 π 2.2 N 2.3 S	A Agent s TILE TREET A TILE TREET A TREET A TREET A	signature required the ADDRESS ADDRESS	when reinstating)	DATE	DIRECT	ORS IN 12 Addition	/ / / / / /
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE RS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 π 2.2 N 2.3 S 2.4 C	A Agent s TLE AME TREET A TLE AME TREET A TLE TREET A TREET A	signature required the ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	/ / / / / /
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE RS DELETE	### Registered 13. 1.1 TI	AME TREET A AME TREET A AME AME	signature required the ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	/ / / / / /
office or nagent. I aid SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE RS DELETE	### Registered 13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S'	AME TREET A AME TREET A AME AME	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	/ / / / / /
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ich change was a ion 607.0505, Flo able. (NOTE RS DELETE	### Registered 13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S'	d by the difference of the dif	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	CD2E034
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ICH change was a ion 607.0505, Flo able. (NOTE RS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S' 3.4 C	I d by the difference of the d	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	CD2E034
office or ragent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ICH change was a ion 607.0505, Flo able. (NOTE RS DELETE DELETE	### Registered 13. 1.1 Ti	I d by the control of	ADDRESS -ZIP -ADDRESS -ZIP	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	CD2E034
office or ragent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ICH change was a ion 607.0505, Flo able. (NOTE RS DELETE DELETE	### Registered 13. 1.1 1.2 N 1.3 S 1.4 C C C C C C C C C	IN JULES. JA Agent S JA Agen	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	CD2E034
office or nagent. I aid SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ICH change was a ion 607.0505, Flo able. (NOTE RS DELETE DELETE	### Registered 13. 1.1 1.2 N 1.3 S 1.4 C C C C C C C C C	ITLE AME TITLE AME TITLE AME TITLE AME TITLE AME TITLE TITLE AME TITLE T	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition Addition	7 703200
office or nagent. I an agent. I an agent. I an signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ICH change was a ion 607.0505, Flo able. (NOTE RS DELETE DELETE DELETE	### Registered 13. 1.1 Ti	I d by the divides. I'll agent s I'll agent s I'll agent s I'll amme I'l	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 Addition Addition	7 703200
office or nagent. I an agent. I an agent. I an signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ICH change was a ion 607.0505, Flo able. (NOTE RS DELETE DELETE DELETE	### Registered 13. 1.1 Ti	I dy Magnit s ITLE AME TREET A TITLE AME TREET A T	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 Addition Addition	7 703200
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ICH change was a ion 607.0505, Flo able. (NOTE RS DELETE DELETE DELETE	### Registered 13. 1.1 Ti	I dy Magnit s ITLE AME TREET A TITLE AME TREET A T	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 Addition Addition	7 703200
office or nagent. I an agent. I an agent. I an signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the observation of the state of	ate of Florida. Su ligations of, Secti agent and title if applice	ICH change was a ion 607.0505, Flo able. (NOTE RS DELETE DELETE DELETE	### Registered 13. 1.1 Ti	I dy Magnit s ITLE AAME TREET A AITLY-ST- TILE AAME TREET A ACITY-ST- TILE AAME TREET A	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 Addition Addition Addition	, NODOCO

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

