

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100609 (2)

1. Corporation Name

ADLAS ENTERPRISES, INC.

Principal Place of Business

8912 CAMINO VILLA BLVD.
TAMPA FL 33635
5814 N. Cameron Ave.
TAMPA FL 33614

Mailing Address

8912 CAMINO VILLA BLVD.
TAMPA FL 33635-1061
5814 N. Cameron Ave.
TAMPA FL 33614

2. Principal Place of Business

21 ADLAS ENTERPRISES

Suite, Apt. #, etc.
22 5814 N. Cameron Ave.

City & State
23 TAMPA FL

Zip
24 33614

Country
25

2a. Mailing Address

26 Henry R. Ramirez

Suite, Apt. #, etc.
27 5814 N. Cameron Ave

City & State
28 TAMPA FL

Zip
29 33614

Country
30

3. Date Incorporated or Qualified

12/12/1996

3a. Date of Last Report

4. FEI Number

59-3437693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SALDA, ALBERTO
8912 CAMINO VILLA BLVD.
TAMPA FL 33635
Henry R. Ramirez
5814 N. Cameron Ave.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name Henry R. Ramirez
82 Street Address (P.O. Box Number is Not Acceptable)
5814 N. Cameron Ave.
83 TAMPA FL
84 City TAMPA FL 85 Zip Code 33614

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 the officer, director, or shareholder, and title if applicable

Henry R. Ramirez

(NOTE: Registered Agent signature required when reinstating)

5/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SALDA, ALBERTO
STREET ADDRESS 8912 CAMINO VILLA BLVD.
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ DELETE

NAME Henry R. Ramirez
STREET ADDRESS 5814 N. Cameron Ave
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE

NAME Carmen Santiago Ramos
STREET ADDRESS 5814 N. Cameron Ave.
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE

NAME LORENZO ENRIQUE RODRIGUEZ
STREET ADDRESS 5510 N Himes Av. 314
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 500002272155-4

1.3 STREET ADDRESS -08/20/97-01058-003

1.4 CITY-ST-ZIP *****165.00 *****165.00

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Henry R. Ramirez

4-30-97

513 882-3993

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)