Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90227 012 \*\*\*158.75

## 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 # P96000102153

1. Corporation Name

IODGE D CEDVANTES DE INC

| JONGE   | 1. CENTANTES, PE, INC.  |                                 |  |                       |                |  |  |                         |  |                     |                       |                               |                        |
|---|---|---------------------------------|--|-----------------------|----------------|--|--|-------------------------|--|---------------------|-----------------------|-------------------------------|------------------------|
| Principal Place of Business Mailing Address                                   |   |                                 |  |                       |                |  | 110  |                         |  | 18711 <b>33</b> 111 | 1 1011111 111111      |                               | U((80 141) (US)        |
| 7120 S.W. 20TH ST. 7120 S.W. 20TH ST. PLANTATION FL 33317 PLANTATION FL 33317 |   |                                 |  |                       |                |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed |                         |  |                     |                       |                               |                        |
|   |   |                                 |  |                       |                |  | 12/17  |                         |  |                     |                       |                               |                        |
|   | ace of Business   | 2a. Mailing Address             | the second secon |                       |                |  | 4. FEI Nur   |                         | _  |                     | •                     |                               | plied For              |
| 21 107 5  |   | Suite, Apt. #, etc.             |  |                       | -              | 65-07  | 13225  | •                       |  |                     | \$8.75                | t Applicable                  |                        |
| Suite, Apt.   | #, etc.   | 27                              |  |                       |                | <ol><li>Certifca</li></ol>   | te of Sta  | tus Desir               | red  | X                   | Fee Re                |                               |                        |
| 22 City & State   |   | City & State                    |  |                       |                |  | e Election   | Campa                   | on Finan   | cina                |                       |                               | <del></del>            |
| <u> </u>  |   | 28                              |  |                       |                | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be |  |                         |  |                     |                       |                               |                        |
| Zip   | O DEACH , FL<br>Country   | Zip                             | Cou  | intry                 |                |  | 8. This co   |                         |  | e curre             | nt year In            | tangible                      |                        |
| 24 3300   |   | 29 3                            | 0  |                       |                |  |  | l Proper                |  |                     |                       | Yes                           | □No                    |
|   | 9. Name and Address of Curren   |                                 |  | L,                    |                | 1  | 0. Name a  | and Add                 | ress of t  | New Re              | gistered              | Agent                         |                        |
|   |   |                                 |  | 81                    | Name           |  |  |                         |  | •                   |                       | •                             |                        |
| CERVANTES, JORGE R  |   |                                 |  | 82                    | Street         | Address  | (P.O. Box  | Number                  | is Not A   | cceptab             | ole)                  |                               |                        |
| 7120 S.W. 20TH ST.  |   |                                 |  |                       |                |  |  |                         |  |                     |                       |                               |                        |
| PCAR  | ITATION FL 33317  |                                 |  | 83                    |                |  |  |                         | ٠  |                     |                       |                               |                        |
|   |   |                                 |  | 84                    | City           |  |  |                         |  |                     | FL                    | 85 Zip (                      | Code                   |
| 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 obligat | of Florida. Such change was aut | nonzeo   | a by                  | tne corpo      | corporat<br>oration's  | ion submits<br>board of d                                    | s this sta<br>irectors. | tement for the second temperature of the sec | or the p<br>accept  | urpose of<br>the appo | changing its<br>intment as re | registered<br>gistered |
| SIGNATURE   |   |                                 |  |                       |                |  |  |                         |  |                     |                       |                               |                        |
|   | Signature, typed or printed name of registered agen   |                                 |  | d Agen                | it signature r | equired who  | en reinstating)  | NECHA                   | NGES T   | O OEE               | DATE                  | ND DIRECTO                    | PS IN 12               |
| 12.   |   | ID DIRECTORS                    | 13.  |                       |                | 1  | ADDITIO  | NS/CHA                  | MGES I   | O OFF               | ICERS A               | Change                        | Addition               |
| TITLE   | _   |                                 |  | 1.1 TITLE<br>1.2 NAME |                |  |  |                         |  |                     |                       |                               |                        |
| NAME  | CERVANTES, JORGE R<br>7120 S.W. 20TH ST.  |                                 |  | 1.3 STREET ADDRESS    |                |  |  |                         |  |                     |                       |                               |                        |
| STREET ADDRESS  | DI ANITATIONI EL  |                                 |  | 1.4 CITY-ST-ZIP       |                |  |  |                         |  |                     |                       |                               |                        |
| CITY-ST-ZIP<br>TITLE  | DELETE  |                                 |  | 2.1 TITLE             |                |  |  |                         |  |                     |                       | Change                        | Addition               |
| NAME  |   | <b></b>                         | 2.2 N  |                       |                |  |  |                         |  |                     |                       |                               |                        |
| STREET ADDRESS  | Full Form   | <b>v</b> .                      | _  |                       | ADDRESS        |  |  | ٠.                      | .=   |                     |                       |                               |                        |
| CITY-ST-ZIP   |   |                                 |  | CITY-S                |                | \<br>  |  |                         |  |                     |                       |                               | l                      |
| TITLE   |   | ☐ DELETE                        | 3.1 TI   |                       |                |  |  |                         |  |                     |                       | ☐ Change                      | Addition               |
| NAME  |   |                                 | 3.2 N  | AME                   |                |  |  |                         |  |                     |                       |                               |                        |
| STREET ADDRESS  |   |                                 | 3.3 S  | TREET                 | ADDRESS        |  |  |                         |  |                     |                       |                               |                        |
| CITY-ST-ZIP   | ,   |                                 | 3.4. 0   | ITY-S                 | T-ZIP          |  |  |                         |  |                     |                       |                               |                        |
| TITLE   |   | ☐ DELETE                        | 4.1 Ti   | TLE                   |                |  |  |                         |  |                     |                       | Change                        | Addition               |
| NAME  |   |                                 | 4.2 N  | AME                   |                |  |  |                         |  |                     |                       |                               |                        |
| STREET ADDRESS  |   | •                               | 4.3 S  | TREET                 | ADDRESS        |  |  |                         |  |                     |                       |                               |                        |
| CITY-ST-ZIP   |   |                                 | 4.4 C  | ITY-S                 | T-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 receipt 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 attackment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STENATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

(954)923-8853

Change

\_\_\_ Change

☐ Addition

☐ Addition