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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000008021
t. Camanation Nomes	

FILED Mar 17, 1999 8:00 am Secretary of State

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SECONE	DHAND STAND, INC.							
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}								
Principal Place	e of Business	Mailing Address				I I I I I I I I I I I I I I I I I I I	 	
18489 SW 1077		18489 SW 107TH AVE.						
MIAMI FL 33157 MIAMI FL 33157				DO NOT WEITE IN	T. 110 OD 4 OF			
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
	to a d D of a second	2a Mailia Address				01/21/1997 4. FEI Number	ΙΔ,	oplied For
└	lace of Business	2a. Mailing Address				65-0720629		ot Applicable
21 Suito Ant	26 Suite, Apt. #, etc.						Additional	
22 Saite, Apr.	27					5. Certifcate of Status Desired	•	equired
City & Stat						6. Election Campaign Financing	\$5.00	May Be
23	-	28	on, a out			Trust Fund Contribution		to Fees
Zip	Country	Zip Country				8. This corporation owes the current ye	ar Intangible	
24	25	29	30		_	Personal Property Tax.	☐ Yes	No.
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Regist	ered Agent	
0.55	204 EDELLUDA		{	81 1	lame			1
	RRA, EDELMIRA		1	82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		
	89 SW 107TH AVE.		L					
, MIAI	MI FL 33157] [83				}
)			1	84 (ity		85 Zip	Code
				1	•		FL °°	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the about thorized b	ove-na by the	med corpo	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing its appointment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statut	tes.	001p010100	, , , , , , , , , , , , , , , , , , , ,	•	-
SIGNATURE						when reinstations DA	TC	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	deu si	nature required	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	D	DELETE	1,1 TML				☐ Change	☐ Addition
NAME	SIERRA, EDELMIRA		1.2 NAM	Æ				
STREET ADDRESS	18489 SW 107TH AVE.		1,3 STR	EET AD	DRESS			
C/TY-ST-ZIP	MIAMI FL 33157							}
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NAME `¶			1.4 CITY 2.1 TITL		•		☐ Change	☐ Addition
STREET ADDRESS		DELETE		E	•		☐ Change	Addition
		☐ DELETE	2.1 TITL	Æ			☐ Change	☐ Addition
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CITY-ST-ZIP		☐ DELETE	2.1 TITL 2.2 NAM 2.3 STR	E ME REET AD Y+ST-Z	DRESS		☐ Change	Addition Addition
			2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	E ME REET AD Y-ST-Z	DRESS			
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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.

SIGNATURE:

E AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR