

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90151 007 \*\*\*150.00

DOCUMENT # **P97000011119**

1. Corporation Name

**EL TOCORORO CORP.**



Principal Place of Business

Mailing Address

~~667 WEST 25 ST~~  
~~MIAMI FL 33012~~

~~667 WEST 25 ST~~  
~~MIAMI FL 33012~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

33012

30

U.S.A.

3. Date Incorporated or Qualified

**02/04/1997**

4. FEI Number

**65-0725354**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ESPINOSA, JUAN M~~  
~~15775 MIAMI LAKES WAY NORTH~~  
~~MIAMI LAKES FL 33014~~

81 Name

**SERAFIN HERRERA**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**5960 West 18 Court**

84 City

**Hialeah**

**FL**

85

Zip Code  
**33012**

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

*Serafin Herrera*  
Signature, typed or printed name of registered agent and title if applicable.

**SERAFIN HERRERA**

DATE

**4/28/00**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	<del>ESPINOSA, JUAN M</del>	
STREET ADDRESS	<del>15775 MIAMI LAKES WAY NORTH</del>	
CITY-ST-ZIP	<del>MIAMI LAKES FL 33014</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERRERA, SERAFIN	
1.3 STREET ADDRESS	5960 West 18 Ct	
1.4 CITY-ST-ZIP	Hialeah FL 33012	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAMIREZ, ANTONIO	
2.3 STREET ADDRESS	2790 S.W. 33 Ct	
2.4 CITY-ST-ZIP	Miami FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 a 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:

SIGNATURE: *Serafin Herrera*

**REQUIRED**

**4/24/00 (305) 362-9139**

CR2E034 (5/99)