## 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 # P97000014102

CORCHO'S; INC.

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Principal Pla	ce of Business	Mailing Address				i inniseni ira chisi indii maili d'ilili filisi el	101 HUIL BIBBI (I	MII MATIN 1183 1841	
3905 ALTON ROAD MIAMI BEACH FL 33140  3905 ALTON ROAD MIAMI BEACH FL 33140						DO NOT WRITE IN THIS SPACE			
			•			Date Incorporated or Qualifed     02/13/1997			
2. Principal i	Place of Business	2a. Mailing Addres	2a. Mailing Address 26			4. FEI Number NOT APPLICABLE	FEI Number Applied For NOT APPLICABLE Not Applicable		
Suite, Apt	. #, etc.	Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certifcate of Status Désired	\$8.75 Additional Fee Required		
City & State         City & State           23         28						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	Co.	untry		This corporation owes the current year     Personal Property Tax.	Intangible Yes	□No	
<del></del>	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Address of New Registers	d Agent	<del></del>	
ADDARIO, MARCELO 775 N.E. 115TH STREET MIAMI FL 33161				82 Street Address (P.O. Box Number is Not Acceptable)					
سيربية سوير		:		84 C	ity		85 Zi	p Code	
office or	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change	was authorize	d by the	med corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the applications are supported in the purpose of the	of changing pointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered a	nent and title if annlicable	(NOTE: Registerer	1 Anent sign	ature renulizar	when reinstating) , DATE	<del></del>		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE		☐ DEL					☐ Chang	<del></del>	
NAME	ADDARIO, MARCELO G		1.2 N	AME.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	}	•	
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CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 C	ITY-\$T-ZIP			:		
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NAME	, · · · · · · · · · · · · · · · · · · ·	•	2.2 N	AME					
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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 the re

3.1 TITLE

3.2 NAME

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90006 036 \*\*\*150.00

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