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 # P97000018508

1. Corporation Name

THREE BROTHERS MANUFACTURING INC.

Principal Place of Business	P
873 WEST 48TH STREET HIALEAH FL 33012	8 H

Mailing Address

73 WEST 48TH STREET

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90277 014 ***150.00



HIALEAH FL 33012 HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE					
	• .				3. Date Incorporated or Qualifed 02/24/1997			
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For			
21 26					65-0739970	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					F Contitonto of Status Desired	3.75 Additional Fee Required		
City & State			Full Table 16 1	. To No. 1	6. Election Campaign Financing	5.00 May Be		
23 28					Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Intangib			
24	25 ·		30		Personal Property Tax. A Yes No			
	9. Name and Address of Current	Registered Agent	- 04		10. Name and Address of New Registered Agen	t		
HEDE	RERA. MARIO		81	Name				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
873 WEST 48TH STREET HIALEAH FL 33012			_					
FHALI			83					
			84	City	FL 85	Zip Code		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligation	f Florida. Such change was auth	ionzed by	the corporati	poration submits this statement for the purpose of chan- ion's board of directors. I hereby accept the appointmen	ging its registered nt as registered		
SIGNATURE					ed when reinstation). DATE			
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIT	RECTORS IN 12		
TITLE	D OFFICERS AND	DELETE	1.1 TITLE			Change Addition		
.	HERRERA, MARIO	Serene	1.2 NAME			_		
NAME	873 WEST 48TH STREET		1	T ADDRESS		į		
STREET ADDRESS	HIALEAH FL 33012					{		
CITY-ST-ZIP TITLE	D			1-ZIF		Change		
NAME			2.2 NAME					
STREET ADDRESS	ATA INFORT ANTIL ATTACTT			T ADDRESS		}		
l (HIALEAH FL 33012		2.4 CITY-		•			
CITY-ST-ZIP			3.1 TITLE			Change Addition		
NAME			3.2 NAME					
STREET ADDRESS	873 WEST 48TH STREET	•		TADDRESS				
CITY-ST-ZIP	184 541 51 00040		3.4. CITY-	i				
TITLE	The residence of the state of t	☐ DELETE	4.1 TITLE	J. C.		Change		
NAME		_	4. 2 NAME			Ì		
STREET ADDRESS	•			T ADDRESS				
CITY-\$T-ZIP	•		4.4 CITY-S			ł		
TITLE		☐ DELETE	5.1 TITLE			Change		
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREE	TADORESS		ļ		
CITY-ST-ZIP	•		5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change Addition		
NAME	•		6.2 NAME	- 1				
STREET ADDRESS	6.3		6.3 STREE	TADORESS				
OTV 07 70		64		T. 7IP		1		

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

Mario Herrera

04-01-99

305-556-2208 Daytime Phone #