## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1998 8:00am

Secretary of State

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Sandra & Martham

Secretary of State 

DIVISION OF CORPORATIONS

DOCUMENT # P97000020561 (1)

EL DOLLAR DE FLAGLER CORP.

| Principal Place of Business Mailing Address        |   |                                       |                                       |  |              |  | JUILU (1841 88   | (B) B)  Q   B | (\$) (\$B)        |
|--|---|---------------------------------------|---------------------------------------|--|--------------|--|------------------|---------------|-------------------|
| 2607 W. FLA<br>Miami Fl 33                         |   | 2607 W. FLAGLER ST.<br>MIAMI FL 33125 | 2607 W. FLAGLER ST.<br>MIAMI FL 33125 |  |              | DO NOT WRITE IN  | I THIS SPA       | ACE           |                   |
|  |   |                                       |                                       |  |              | 3. Date Incorporated or Qualified 03/05/1997   |                  |               |                   |
| 2. Principal Place of Business 2a. Mailing Address |   |                                       | <del> </del>                          |  |              | 4. FFI Number  |                  | TÀr           | oplied For        |
| 21   |   | 26                                    | 26                                    |  |              | 65673160   | 0                |               | ot Applicable     |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                   | <b>—</b>                              |  |              |  | 7                |               | Additional        |
| City & Stat  |   | [27]                                  | 27 City & State                       |  |              | <u> </u>   |                  |               | equired           |
| 23 City & Stat                                     | ie .  | <del></del>                           | 28                                    |  |              | 6. Election Campaign Financing Trust Fund Contribution                                 | 7                |               | May Be<br>to Fees |
| Zip  | Country Zip   |                                       | Country                               |  |              | 8. This corporation owes or has paid   | the curren       |               |                   |
| 24   | 25 29 30  |                                       | 30                                    |  |              | Personal Property Tax due June 30  | ). 🔲             | Yes [         | No                |
|  | g, Name and Address of Cur  | rent Registered Agent                 | 8                                     | <u>al 51</u>                                   |              | 10. Name and Address of New Regis  | tered Ag         | ent           |                   |
|  | CAYO, ESTELA  |                                       | 6                                     | '  NE  | ame          |  |                  |               |                   |
| 3420 NW 18 TERR.                                   |   |                                       | 8                                     | 82 Street Address (P.O. Box Number is Not Acce |              |  | )                |               |                   |
| EAI!   | AMI FL 33125  |                                       | 8                                     | 3  |              |  |                  |               |                   |
|  | •   |                                       | Ļ                                     | 4  |              |  |                  | -1 -          |                   |
|  | •   |                                       | 8                                     | 4 Ci   | ty           |  | FL I             | 85 Zip (      | Code              |
| 11. Pursuant                                       | to the provisions of Sections 607.0   | 0502 and 607.1508, Florida Sta        | tutes, the abo                        | ve-nai   | med corpor   | ration submits this statement for the pur<br>n's board of directors. I hereby accept t | pose of ch       | anging it     | s registered      |
| agent. I a   | am familiar with, and accept the ob   | ligations of, Section 607.0505,       | Florida Statut                        | es.  | corporatio   | its board or directors. Thereby accept t   | пе аррып         | iment as      | registered        |
| SIGNATURE  |   |                                       |                                       |  | ·            |  |                  |               | ···               |
| 12.  | Signature, typied or printed name of registrates agent and little if applicable (NOT OFFICERS AND DIRECTORS |                                       |                                       | Registered Agent signature requi               |              | ADDITIONS/CHANGES TO OFFICER   | DATE<br>OR AND D | PECTOE        | S IN 12           |
| TITLE  | OP .  | DELETE 1.11                           |                                       |  | <del></del>  | ADDITIONS/OFFARIOLS TO OFFICE  |                  | Change        | Addition          |
| NAME   | LACAYO, ESTELA  |                                       | 1.2 NAME                              |  |              |  |                  |               | ļ.                |
| STREET ADDRESS                                     | 3420 NW 18 TERR.  |                                       | 1.3 STREET ADDR                       |  | ESS          |  |                  |               |                   |
| CITY-ST-ZIP  | MIAMI FL 33125  | ·                                     | 1.4 CITY-ST-ZIP                       |  |              |  |                  |               |                   |
| TITLE  | S CALDEDON IEANNETTE  | <del></del>                           |                                       | 2.1 TITLE                                      |              |  | الل              | Change        | ☐ Addition ☐      |
| NAME   | CALDERON, JEANNETTE   |                                       | 2.2 NAME                              |  |              |  |                  |               |                   |
| STREET ADDRESS                                     | 3420 NW 18 TERR.<br>MIAMI FL 33125  |                                       | 2.3 STREET                            |  | 1            |  |                  |               |                   |
| CITY-ST-ZIP<br>TITLE                               | DELETE  |                                       |                                       | 2. 4 CITY - ST - ZIP<br>3.1 TITLE              |              |  | Τ                | Change        | Addition          |
| NAME   |   |                                       | 3.2 NAMI                              |  |              |  | •                | . •           |                   |
| STREET ADDRESS                                     |   |                                       | 3.3 STRE                              | ET ADDR  | ESS          |  |                  |               |                   |
| CITY-ST-ZIP  |   |                                       | 3.4. City                             | - ST - ZIP                                     | ·            |  |                  |               |                   |
| TITLE  |   | ∐ DELETE                              | 4.1 TITLE                             |  |              |  |                  | Change        | Addition          |
| NAME   |   |                                       | 4. 2 NAM                              |  |              |  |                  |               |                   |
| STREET ADDRESS                                     |   |                                       | 4.3 STRE                              |  | ESS          |  |                  |               |                   |
| CITY-ST-ZIP<br>TITLE                               |   |                                       | 4.4 CITY<br>5.1 TITLE                 |  | <del> </del> |  |                  | Change        | Addition          |
| NAME   |   | - Steere                              | 5.2 NAME                              |  |              |  |                  | - min No      |                   |
| STREET ADDRESS                                     |   |                                       | 5.3 STREE                             |  | ess          |  |                  |               |                   |
| CITY-ST-ZIP  |   |                                       | 5.4 CITY                              |  |              |  |                  |               |                   |
| TITLE  |   | DELETE                                | 6.1 TITLE                             |  |              |  |                  | Change        | ☐ Addition        |
| NAME   | •   |                                       | 6.2 NAME                              |  |              |  |                  |               |                   |

6.3 STREET ADDRESS

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.