## 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 # P97000022875

EVANATY ENTERPRISES, INC.

Principal Place of Business 3028 NW 13 ST. MIAMI FL 33125 Mailing Address

3028 NW 13 ST. MIAMI FL 33125

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90176 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

							ſ	03/13/1997				
2. Principal P	lace of Business	2a. Ma	iling Address					FEI Number		A	oplied For	
21		26						65-0735738		. N	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #			l. #, etc.			5.	Certifcate of Status Desired			Additional equired	
22	<u> </u>	27	ty & State				-+-	Cl. No. One. In Cinceries		<del></del> _	<del></del>	
City & Stat	<b>.</b>	$\vdash$	y & State				6.	Election Campaign Financing Trust Fund Contribution		·	May Be to Fees	
23	Country	28     Zip		Cou	ntr./				ant vone lete		10 1 663	
Zip				_	¬ '			This corporation owes the curre Personal Property Tax.	ent year inte	angibie □ Yes	□No	
24	25	29		30	Γ		10	Name and Address of New R	egistered a			
	9. Name and Address of Current	Registere	a Agent		81	Name	10.	Maile and Address of New I	ogistereo i			
GAR	CIA. OLGA MARIA				-							
3028 NW 13 ST.					82	Street Addres	reet Address (P.O. Box Number is Not Acceptable)					
MIAI	M FL 33125				83							
	•				84	City				85 Zip	Code	
	•				Ιį	,			<u>FL</u>			
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligation	f Florida, S	Such change was au	ithorized	ועלונ	the corporation	oration on's bo	a submits this statement for the pard of directors. I hereby accep	purpose of t the appoir	changing its ntment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if and	icable (NOTE:	Remetered	Anent	t signature required v	vd when re	einstating)	DATE			
12	OFFICERS AND			13.	- Agail	. orginatoro roquiled (		ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12	
12. TITLE	PD OFFICERS AND	J	DELETE	1.1 11	TLE	<u> </u>				Change	☐ Addition	
	l 15			1.2 N								
NAME	NEGRON, OLGA MARIA					ADDRESS						
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CITY-ST-ZIP	MIAMI FL 33125		C DELETE	_		r-zip				Change	Addition	
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NAME	CATION, EVEDO			2.2 N	2.2 NAME							
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TITLE	TD DELETE			3,1 TI	3.1 TITLE					☐ Change	Addition	
NAME	GARCIA, WILFREDO			3.2 N	3.2 NAME							
STREET ADDRESS	3028 NW 13 ST.			3.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33125			3.4.0	ITY-S	T-ZIP						
TITLE			☐ DELETE	4.1 Ti	TLE					Change	Addition	
NAME				4.2 N	IAME							
STREET ADDRESS				4.3 S	TREET	ADDRESS						
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NAME	Sylven Sylven		<u> </u>	5.2 N						•		
	14.					ADDRESS						
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NAME	]					Language						
STREET ADDRESS						ADDRESS						
CITY+\$T-ZIP					ITY-ST			440.07(0)() 8: 11.0: 1:		11E . 4L =1 AL	info	
14. I hereby	certify that the information supplied with	n this filing angual ren	does not qualify for ort is true and accur	the exe	mption I that	on stated in Se t my signature :	Section e shall	n 119.07(3)(i), Florida Statutes. I have the same legal effect as if	i turtner cer made unde	τιτη τη <b>ατ τη</b> e er oath; that	intormation	

4. 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 informatic indicated on this annual report of 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 of riche receiver of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/133-3055 Dayline Phone #

CR2E034 (11/98)