PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000026963 1. Corporation Name

EL CEN	TIRAL HESTAUHANT, INC.					
Principal Plac	ce of Business	Mailing Address		- i ettelitat da valu etili ookd oord oord oord	CATUR URIE CUUS (CU	A BELLEA LIVE CRAF
9090 S RIVER		9090 S RIVER DR				
MEDLEY FL 3		MEDLEY FL 33166		DO NOT WORK IN	TUR CDACE	
US US		US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
Ì				03/26/1997		
2 Dringings E	Place of Business	2a. Mailing Address		4. FEI Number	I I Ac	plied For
21	Tace of Dusiness	26		65-0743499	نـــــــــــــــــــــــــــــــــــــ	ot Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.		_		Additional
22		27		5. Certificate of Status Desired.	Fee:Re	equired ======
City & Stat	te	City & State		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 ye		
24	[25]		30	Personal Property Tax.	Yes	□No
<u></u>	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Regist		
1146	S F PADRON		Name	WRIQUETA T. RI	05	1
1	5 SW 129 COURT		82 Street Add	gess (P.O. Box Number is Not Acceptable)	E DA	. #30
MIAMI FL 33125			83	JOKENUALE JAK	ENR	· 7/30/
""	HAIT LE 20152		83			,
Ì	•		84 City M	IAMI, FL.	FL 85 Zip	183
<u> </u>		()	1 //	and a submit this statement for the summer	المراجعة الماسية الماس	recietorad
11. Pursuant	to the provisions of Sections 607.05% registered agent, or both, in the State	/2 and 607.1508, Florida Statutes /ef Florida. Such change was aut	s, the above-named cor thorized by the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the s	ppointment as re	gistered
				Pios 4-2		
SIGNATURE	Signature, typed or painted name of registered agen		iguelo !.	£105 4-2	<u>9-17</u>	
12.	OFFICERS AN	nt and title if applicable. (NOTE: R ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	BERNAL, AGUEDO L		12NAVE			
STREET ADDRESS			1.3 STREET ADDRESS			
CTTY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP			
TILE	DS	DELETE	2.1 TITLE	D-SECRETARY	Change	Addition
NAME	PADRON, LUIS	-	22 NAME Z	NRIQUETA T RIC 506 KENDALE LA	os' ~	11-0
STREET ADDRESS			23 STREET ADDRESS 6	506 KENDALE LA	REDR.	£306
G1Y-51-2P	MIAMI-FL-33175		2.4 City 51: ZP > /	1-1-9-1-FE-33-1-4		
MILE	·	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME -						
- STREET ADDRESS			32 NAME			
CITY-ST-ZIP			32 NAME : 1:33 STREET ADDRESS			· ==
TITLE		DELETE	3.3 STREET ADORESS		☐ Change	Addition
NAME		DELETE	3.4 CITY-ST-ZIP		☐ Change	Addition
		DELETE	3.4. CITY-ST-ZIP		☐ Change	☐ Addition
NAME		· · · · · · · · · · · · · · · · · · ·	3.4 CITY-ST-ZEP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZEP			
NAME STREET ADDRESS		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
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14. I hereby certify that the information supplied with this filing floes 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 proof 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 repetiver or firstee 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 affactment with an address, with all other like empowered.

FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90159 040 ***150.00