

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90031 017 ***150.00

8 4 4 6 6 2

DO NOT WRITE IN THIS SPACE

4. FBI Number
65-0739865

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name **Solorzano, Fernando**

Street Address (P.O. Box Number is Not Acceptable)

City	Miami	FL	Zip Code	33178
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	Solorzano, Fernando	<input type="checkbox"/> Delete
NAME		5524 NW 114 #106	
STREET ADDRESS		Miami, Fl 33178	
CITY-ST-ZIP			

TITLE	VD	Guevara, Jesus	<input type="checkbox"/> Delete
NAME		5397 NW 105 Ct	
STREET ADDRESS		Miami, Fl 33178	
CITY-ST-ZIP			

TITLE	VD	DELUIZ, OLINDA BORRERO	<input type="checkbox"/> Delete
NAME		8545 NW 72ND St.	
STREET ADDRESS		Miami, Fl 33166	
CITY- ST- ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PD Solorzano, Fernando	<input checked="" type="checkbox"/>	
STREET ADDRESS	5524 NW 114 #106		
CITY-ST-ZIP	Miami, Fl 33178		

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VD	Guevara, Jesus	
STREET ADDRESS		211 SW 120 Av.	
CITY-ST-ZIP		Pembroke Pines, Fl 33	

TITLE	VD	DEL RUIZ, Olinda Borrero	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		13363 SW 42 Street		
STREET ADDRESS		Miami, Fl 33175		
CITY-ST-ZIP				

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 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

Date _____

Daytime Phone #

4-27-2000 305-226-3040