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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033678 (8)

ESTRADA ENTERPRISES, INC.

## **FILED** Apr 20 1998 8:00am Secretary of State



| Principal Plac  | e of Business               | Mailing Addre                                 | Mailing Address         |                          |          | I CANADAL SIN LONIS CONT. |
|---|-----------------------------|---|-------------------------|--------------------------|----------|---|
| 133 OAK GR  | OVE LANE                    | 133 OAK GRO                                   | 133 OAK GROVE LANE      |                          |          |   |
| MERRITT ISLAND FL 32952   |                             | MERRITT ISL                                   | MERRITT ISLAND FL 32952 |                          |          | DO NOT WOITE IN THE PRACE   |
|   |                             |   |                         |                          |          | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified   |
|   |                             |   |                         |                          |          |   |
| A Delegio al D  | lless of Divisions          | An Mailing Ad                                 | dvaan                   |                          |          | 04/14/1997  |
|   | lace of Business            | <u></u> —  —  —  —  —  —  —  —  —  —  —  —  — | 2a. Mailing Address     |                          |          | 4. FEI Number Applied For Applied For   |
| 21<br>Suite Ant   | # 610                       |   | Suite, Apt. #, etc.     |                          |          | S8.75 Additional  |
| Suite, Apt. #, etc.   |                             | <u> </u>                                      | <u> </u>                |                          |          | 5. Certificate of Status Desired Fee Required   |
| 22<br>City & Stat   | 0                           |   | City & State            |                          |          |   |
| 23  |                             |   | 28                      |                          |          | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  |
| Zip Country   |                             |   | Zip Country             |                          |          | 8. This corporation owes or has paid the current year Intangible  |
| 24  | 25                          | 29  | 30                      | 0001111                  |          | Personal Property Tax due June 30. Yes No   |
| 24  | g. Name and Address of Curi |   |                         | Т                        |          | 10. Name and Address of New Registered Agent  |
|   |                             |   |                         |                          | Name     | 10,   |
| ESTRADA, JOSEPH   |                             |   |                         |                          |          |   |
|   | 3 OAK GROVE LANE            |   | 8:                      |                          | Street A | Address (P.O. Box Number is Not Acceptable)   |
| Mt  | ERRITT ISLAND FL 32952      |   |                         | 83                       |          |   |
|   |                             |   |                         | "                        |          |   |
|   |                             |   |                         | 84                       | City     | 85 Zip Code   |
|   |                             |   |                         |                          | L        | FL   FL   FL   FL   FL   FL   FL   FL   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered |                             |   |                         |                          |          |   |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |                             |   |                         |                          |          |   |
| SIGNATURE   |                             |   |                         |                          |          |   |
| Signature, typed or printed name of registered agest and title if applicable (NOTE: Registered Agent signature required when renstating) DATE   |                             |   |                         |                          |          |   |
| 12.<br>TITLE  | D OFFICERS /                |   |                         | I.1 TITLE                | <u>-</u> | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  |
|   | ESTRADA, JOSEPH             | 11  |                         | 2 NAME                   |          | - Change - Addition   |
| NAME :  | 133 OAK GROVE LANE          |   |                         |                          | 1000100  |   |
| STREET ADDRESS  | MERRITT ISLAND FL 3295      | •   |                         |                          | ADDRESS  |   |
| CITY-ST-ZIP<br>TITLE  | MENNITI ISLAND FL 3285      |   |                         | L4 CITY - S<br>2.1 TITLE | 1 · Z(P  | Change Addition   |
|   |                             | لبيا  |                         |                          |          |   |
| NAME  |                             |   |                         | 2 NAME                   |          |   |
| STREET ADDRESS  |                             |   |                         |                          | ADDRESS  |   |
| CITY-ST-ZIP   |                             |   |                         | 2. 4 CITY-1              | SI-ZIP   | ☐ Change ☐ Addition   |
| TITLE   |                             | Ц   |                         | S.1 TITLE                |          | C change C Wooling  |
| NAME  |                             |   |                         | 3.2 NAME                 |          |   |
| STREET ADDRESS  | •                           |   |                         |                          | ADDRESS  |   |
| CITY-ST-ZIP   |                             | П   |                         | 4. CITY-5                | SI - ZIP | ☐ Change ☐ Addition   |
| TITLE   |                             | L.J   |                         | 1 THLE                   | İ        | EJ Cliange EJ Audillon  |
| NAME  |                             |   |                         | 2 NAME                   | 1        |   |
| STREET ADDRESS  |                             |   |                         |                          | ADDRESS  | ·   |
| CITY-ST-ZIP   |                             | <del></del>                                   |                         | 4 CITY-S                 | 1-ZIP    |   |
| TITLE   |                             | Ц   |                         | 1 TITLE                  |          | Change Addition   |
| NAME  |                             |   |                         | 2 NAME                   |          |   |
| STREET ADDRESS  |                             |   | 5                       | 3 STAEET                 | ADDRESS  |   |
| CITY-ST-ZIP   |                             |   |                         | 4 CITY-S                 | T-7IP    |   |
| TITLE   |                             |   | DELETÉ 6                | 1 TITLE                  |          | Change Addition   |
| NAME  |                             |   | 6                       | 2 NAME                   |          |   |
| STREET ADDRESS  |                             |   | <b>1</b> 6              | 3 STREET                 | ADDRESS  | •   |
| CITY-ST-ZIP   |                             |   | 6                       | .4 CITY - S              | T-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 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.

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