**PROFIT** CORPORATION



## FLORIDA DEPARTMENT OF STATE

Secretary of State

ANNUAL REPORT

Katherine Harris

## May 10, 1999 8:00 am Secretary of State 05-10-1999 90269 016 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P97000035166 (2) Vor CONTRERAS SERVICES, INC. i immini mirim mirat simal mishe tital timi immi 6 1 5 3 561531 - 90088 - 48 Principal Place of Business Mailing Address 7446 sw 48 st. P.O.BOX4763 Miami, FL. 33155 Miami, Fl. 33101 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed 04–18–97 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0745754 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 \_Country\_\_\_ 8. This corporation owes the current year intangible ----Zio Yes Personal Property Tax. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CONTRERAS, MARIO CONTRERAS, MARIO Street Address (P.O. Box Number is Not Acceptable) 7446 SW 43 ST P.O.BOX 4763 MIAMI, FL. 33101 83 Zip Code 84 City 33155 MIAMI 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. I am familiar with amore capabilities of Section 607.0505, Florida Statutes. SIGNATURE d or printed hame of registered agent and title if applicable ared Agent signature required when rein ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change DELETE TITLE 1.1 TITLE DP CR2E034 12 NAME NAME CONTRERAS, MARIO 1.3 STREET ADDRESS STREET ADDRESS 655 N.Mashta Dr. Key Biscayne, F1.33149 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE TITLE 22 NAME NAME CONTRERAS, CESAR 2.3 STREET ADDRESS STREET ADDRESS 9355 Font.bleu Blvd.# C-214 2 4 CITY-ST-ZIP Miami,F1. 33172 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 31 TIDE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition Change OELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CiTY-ST-7IP CITY-ST-ZIP Change Addition

6.4 CITY-ST-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 review 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 a state that my name address, with all other like empowered.

61 TITLE

6.2 NAME

**6.3 STREET ADORESS** 

TITLE

NAME

STREET ADDRESS

MARIO CONTRERAS SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

DELETE

4/26/99

(11/98)