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

PROFIT CORPORATION ANNUAL REPORT

1999

JIMENEZ, FRANK

HIALEAH FL 33012

SUITE B

325 WEST 29TH STREET



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90020 019 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #	P97000046490
1. Corporation Name	1 01 0000 10 100

Mailing Address
325 WEST 29TH STREET SUITE B HIALEAH FL 33012
2a. Mailing Address
Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
City & State

Country Country Zip 25 30 24 29 9. Name and Address of Current Registered Agent

3. Date incorporated or Qualifed 05/23/1997 4 FEI Number Applied For 65-0743062 Not Applicable **\$8.75** Additional П 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees This corporation owes the current year Inta Yes □No Personal Property Tax.

10. Name and Address of New Registered (gent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11½ 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 agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD □ DELETE 1.1 TITLE ☐ Change TITLE NAME JIMENEZ, VIVIAN 12 NAME 673 WEST 60TH STREET STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33112 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE NAME JIMENEZ, FRANK 2.2 NAME 673 WEST 60TH STREETT STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33112. CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4.2 NAME **SMAN** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed for on an appear with an address, with all other like empowered.

SIGNATURE

-12-95

(305) 551-0555

CR2E034 (11/98)