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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000046763

1. Corporation Name

THE LAST STOP, INC.

Princ	ipal	Place	of	Business

Mailing Address

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90044 042 ***150.00



6419 SPRING RUN AVE DRLANDO FL 32819		5419 SPRING RUN AVE ORLANDO FL 32819				DO NOT WRITE IN THIS SPACE					
						3	3. Date Incorporated or Qualifed 05/28/1997				
2. Principal (Place of Business	2a. Mailing A	ddress			4	FEI Number			Applied For	
1		26					59-3448 <u>544</u>			Not Applicable	
Suite, Apt	t. #, etc.	Suite, Apr	#, etc.			5	5. Certifcate of Status Desired			75 Additional Required	
City & Sta	ate	City & St	ate	_		6	5. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
Zip	Country	Zip Country		8	8. This corporation owes the current year Intangible						
4	25	29	30				Personal Property Tax.		Yes	□ No	
	9. Name and Address of Curre	ent Registered Age	nt				 Name and Address of New Re 	gistered A	gent		
ΔΜ	ERILAWYER CHARTERED			81	Name						
343 ALMERIA AVENUE			82	Street /	treet Address (P.O. Box Number is Not Acceptable)						
СО	RAL GABLES FL 33134			83					_		
				84	City			FL	85 2	Zip Code	
11. Pursuan	nt to the provisions of Sections 607.05	02 and 607.1508, F	lorida Statutes, the	abov	e-named	corporation's b	on submits this statement for the p	urpose of c	hanging ment a	g its registered is 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. (NOTE: R	egistered Agent signature required wh	neo reinstatino)	DATE		
	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFI				
12.			ABBITIONS/OFFICE TO G. F. I.G.	Change	Addition	
TITLE	_	1.1 TITLE		ogo		
NAME	RODRIGUEZ, LUIS A	12 NAME				
STREET ADDRESS	5419 SPRING RUN AVE	13 STREET ADDRESS			l	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP				
TITLE	VSD DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	RODRIGUEZ, CARLA G	2.2 NAME				
STREET ADDRESS	5419 SPRING RUN AVE	2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME		3.2 NAME)	
STREET ADDRESS		3.3 STREET ADDRESS	• -			
CITY-ST-ZIP		34. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		Change	Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS			ļ	
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		Change	Addition (
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME		6.2 NAME			j	
STREET ADDRESS		6.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	Let a the second	6.4 CITY-ST-ZIP	stion 110 07/2)(i) Florido Statutos fur	al. Se al a		

I nereby 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 only attachment with an address, with all other like empowered.

SIGNATURE: