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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000051723 (9) DOCUMENT #

KELAND INVESTMENTS INC.

Principal Place of Business

Mailing Address

## **FILED** Jan 22 1998 8:00am Secretary of State



18822 NW 23 PL PEMBROKE PINES FL 33029			18822 NW 23 PL PEMBROKE PINES FL 33029					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 06/06/1997		
2. Principal P	ace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Applied For
21		26	26				X	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	☐ \$8.7	5 Additional
22		27	27			<b>5.</b> Certificate of Status Desired	□ Fee	Required
City & State	Ð	City & State	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country	Ζιρ		Country		8. This corporation owes or has paid	the current year	Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cure	ent Registered Agent				10. Name and Address of New Regi	stered Agent	
AY	ala, julio			81	Name			
18822 NW 23 PL				82	Street A	Address (P.O. Box Number is Not Acceptable	<u> </u>	
PEMBROKE PINES FL 33029				"	Oli CCC 7	Total Cost (1.0. Dox (4amos) is 14ot 70cospiasio	<b>'</b> )	
			•	83				
							····	
				84	City		FL  85   Z	ip Code
11. Pursuant I	to the provisions of Sections 607.0	502 and 607,1508, Flori	da Statutes, th	ne above	e-named	corporation submits this statement for the pur		a 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				nt signature i	required when reinstating)	DATE DIDECT	000 111 40
12.	D OFFICERS A	AND DIRECTORS		13. 1.1 TOTLE	1	ADDITIONS/CHANGES TO OFFICE	Chang	
ł	AYALA, JULIO	٥٠			1	P	LZ3 Onang	· Li Addition [3
NAME	18822 NW 23 PL			1.2 NAME	i	Julio AYZLZ	_	
STREET ADDRESS	PEMBROKE PINES FL 330	20			ADDRESS	18822 NW 23 PLZC	77470	[
CITY-ST-ZIP	PEMBRORE FINES FL 330			1.4 CITY-S	T-ZIP	Pombroke PINES, Fl	Chang	e 🔀 Addition
TITLE		U 0		2.1 TITLE		Y/5		E LOS AGGILION
NAME				2.2 NAME		Marta M. AYALA 18822 NW 23 PLace		
STREET ADDRESS			[ ·	2.3 STREET	ADDRESS	18855 NO 53 PLAGE		ŀ
CITY-ST-ZIP				2. 4 CITY - S	T-ZIP	Pombroke Pines, Fl		
TIFLE		0	ELETE :	3.1 TITLE			L Chang	e L Addition
NAME				32 NAME	-			
STREET ADDRESS				3 3 STREET	ADDRESS			
CITY-ST-ZIP				3 4. CITY - S	T-ZIP			
TITLE		□ D	LETE 4	4.1 TITLE			L Chang	e Addition
NAME			l ·	L 2 NAME				
STREET ADDRESS			I 4	4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	1-7IP			
TITLE		□ D	LETE 8	5.1 TITLE			Chang	e 🔲 Addition
NAME				5.2 NAME				$\mathcal{M}$
STREET ADDRESS			<b>.</b>	5.3 STREET	ADDRESS			<b>バカ</b> 、
CITY-ST-ZIP			₫,	5.4 CITY - S	r - 7(P			100
TITLE		D		5.1 TITLE			Chang	e Addition
NAME		<del>-</del>		5.2 NAME		50000240	9(45)	1
STREET ADDRESS			•	3 STREET	ADDRESS	-01/23/980100	5027	
						***150.00		
14. I hereby c	ertify that the information supplied	with this filma does not	qualify for the	6.4 CITY-S' -exempt	ion stated	d in Section 119.07(3)(i), Florida Statutes. [ fu	rther certify that t	he information
	and the second second second second			an aldia		notive shall have the same local effect on if a	ada wadar aalb	that I am an

officer or director of the corporation or the receiver or trus Block 12 or Block 13 if changed, or op an atlachment with

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