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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000055415

Country

9. Name and Address of Current Registered Agent

25

WUAJIRO REALTY, INC.

cipal Place of Business

RODRIGUEZ, JOSE A

9470 SW 77 AVE

Suite, Apt. #, etc.

City & State

24

Principal Place of Business Mailing Address
9470 SW 77 AVE P.O. BOX 0152
O-1 MIAMI FL 33156

26

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29

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90100 003 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

- Added to Fees

☐ Yes

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution --

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

06/24/1997

65-0768397

4. FEI Number

0-1		83				
MAM	I FL 33156	84	City		85 Z	ip Code
			•	<u>FL</u>		
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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	5177621127112 21112	3.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE		1 TITLE		V	Chan	ge Addition
NAME	RÔDRIĞUEZ, JOSE A	2 NAME		MACINA KELLY L		
STREET ADDRESS	9470 SW 77 AVE, 0-1	3 STREET	ADORESS	9470 5W77 AVE	4 /	5-1
CITY-ST-ZIP		4 CITY-ST	-ZIP	MACINA, KELLY L 9470 SW77 AVE MIAMI, Fl. 33156	71- (<i></i>
TITLE	☐ DELETE 2.	1 TITLE		MIAMI E1 . 22166	Chan	ge 🗌 Addition
NAME	2.	2 NAME		1111 1117 11 25156		•
STREET ADDRESS	2.	3 STREET	ADDRESS	:		
CITY-ST-ZIP	2.	4 CITY-5	-ZIP			
TITLE	☐ DELETE 3.	1 TITLE			Chan	ge
NAME	3:	2 NAME				
STREET ADDRESS	3.	3 STREET	ADDRESS			
CITY-ST-ZIP		4. CITY-S	r-ZIP			
TITLE	DELETE 4.	1 TITLE			Chan	ge 🗀 Addition
NAME	4	2 NAME				
STREET ADDRESS	4.	3 STREET	ADDRESS	4]		į
CITY-ST-ZIP		4 CITY-S1	-ZIP			
TITLE		1 TITLE			☐ Chan	ge 🗌 Addition !
NAME	5.	2 NAME		·		Ì
STREET ADDRESS	5.	3 STREET	ADDRESS			
C/TY-ST-ZIP	5.	4 CITY-ST	-ZIP			•
TITLE	DELETE 6.	1 TITLE			Chan	ge 🗌 Addition
NAME	6.	2 NAME				,
STREET ADDRESS	6.	3 STREET	ADORESS			
CITY-ST-ZIP	l	4 CITY-S1				
14. I hereby	certify that the information supplied with this filing does not qualify for the	xempti	on state	ed in Section 119.07(3)(i), Florida Statutes. I further cert	ify that th	ne information

Country

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4. 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 informatio 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, with all other like empowered.

SIGNATURE

ED OR PRINTED HAS SIGNING OFFICER OR DIRECTOR

1/20/99 (305) 4/2-0545

KZEU34 (11/98)