## 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

## 1998 DOCUMENT # P9700056184 (9)

1. Corporatio	ACTURAS CUERITOS, INC	C.	~1			
Principal Plac	e of Business	Mailing Address				. SERVINEN LITE FEILL FORM BRING BRING BRING BRING BILLON (SUR), FAINT BIRL HON
12360 S.W. 132 COURT SUITE 210 MIAMI FL 33186		12360 S.W. 132 COURT Suite 210 Miami Fl 33186			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 06/26/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
1		26	t1			65-076 8777 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State		City & State	. +			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Žip	Co	ountr	y	8. This corporation owes or has paid the current year Intangible
4	25	29	30		•	Personal Property Tax due June 30. Yes No
-1	9. Name and Address of Curr		<u>.</u>			10. Name and Address of New Registered Agent
JARAMILLO, YOLANDA 4995 NW 72 AVE SUITE 201 MIAMI FL 33172				82 83		dress (P.O. Box Number is Not Acceptable)
				84	1	FL 85 Zip Code
<ol> <li>Pursuant office or ragent. La</li> </ol>	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob-	502 and 607.1508, Florida Si ite of Florida. Such change w ligations of, Section 607.0505	tatutes, the vas authoriz 5, Florida St	abov ed b atute	e-named or y the corpor s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or product name of registered		AND THE SECTION			Gulrod when reinstating) DATE
12.		MD DIRECTORS	INOTE HEGISTE		ent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE		TITLE		Change Addition
IAME	RODRIGUEZ, BLANCA LILIA	<del>-</del>	1.2	NAME	Ì	_ · _
TREET ADDRESS	4225 NW 73 WAY	•	1.3	STREE	1 ADDRESS	
HTY-ST-ZIP	CORAL SPRINGS FL 33065				ST-ZIP	
ITLE		DELETE		TITLE		Change Addition
NAME			22	NAME		
STREET ADORESS			2.3	STAEE	ADDRESS	
CITY+ST-ZIP			2.4	CITY-	ST-ZIP	
ITLE		DELETE	3.1	TITLE		☐ Change ☐ Addition
NAME			3.2	NAME	Ì	
STREET ADDRESS			3.3	STREE	T ADDRESS	
CITY-ST-ZIP			3.4.	CITY-	ST-ZIP	
TITLE		DELETE	41	TIILE		Change Addition
NAME			4 2	NAME	ļ	
STREET ADDRESS			4.3	STREE	T ADDRESS	

64 CHY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 congration or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

4.4 CITY - ST - 7IP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

SIGNATURE: Blones Los Rodriges

CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

TITLE

3/3//98 305.991-334

Change

Change

Addition

Addition

**FILED** 

Apr 07 1998 8:00am

Secretary of State