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May 05, 1999 8:00 am
Secretary of State

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03/20/91

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065236

1. Corporation Name

AVILES ENTERPRISES, CORPORATION



Principal Place of Business
4503 N JAMAICA STREET
TAMPA FL 33614

Mailing Address
4503 N JAMAICA STREET
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

59-3461109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AVILES, PABLO R
4503 N JAMAICA STREET
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME AVILES, PABLO R
STREET ADDRESS 4503 N JAMAICA STREET
CITY-ST-ZIP TAMPA FL 33614

TITLE DV ☐ DELETE

NAME AVILES, MARIA E
STREET ADDRESS 4503 N JAMAICA STREET
CITY-ST-ZIP TAMPA FL 33614

TITLE DV ☐ DELETE

NAME AVILES, PABLO J
STREET ADDRESS 4503 N JAMAICA STREET
CITY-ST-ZIP TAMPA FL 33614

TITLE DV ☐ DELETE

NAME AVILES, ABNIRIS
STREET ADDRESS 4503 N JAMAICA STREET
CITY-ST-ZIP TAMPA FL 33614

TITLE DT ☐ DELETE

NAME MARRERO, MARIA L
STREET ADDRESS 4503 N JAMAICA STREET
CITY-ST-ZIP TAMPA FL 33614

TITLE DS ☐ DELETE

NAME ROSA, DALICE
STREET ADDRESS 4503 N JAMAICA STREET
CITY-ST-ZIP TAMPA FL 33614

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

813-241902

CR2E034 (1/98)