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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065732 (4)

FILED Mar 02 1998 8:00am Secretary of State

HACIE	NDA LA MILAGROSA DEL (CLASICO, INC.	,							
Principal Plac	ce of Business	Mailing Address)	[11 0 0 1101 01114 1 000	IIO HEN JOEN
4516 NW 98TH AVENUE 4516 NW 98TH AVENUE MIAMI FL 33178 MIAMI FL 33178							DO N	OT WRITE IN 1	THIS SPACE	
					<u> </u>	3. Date Inc.	orporated or			
						07/30/	1997			
	Place of Business	2a. Mailing Address	11.0	5 54		4. FEI Num	ー 037 (ne 36		oplied For
Suite, Apt.	1 🗸	26 \2.2-0\ 5. Suite, Apt #, etc.	~ ~	> 21	<u> </u>	40	- 0.11		¢0.75	ot Applicable
22	w, 6tc.	27				5. Certificat	e of Status D	esired 🔲	Fee Re	
City & State City & State						6. Election	Campaign Fi	nancing	\$5.00	
23 Mia			FL				nd Contributio	· -		•
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24 D	3 V75 25 9. Name and Address of Currer	29 33175	30					due June 30. of New Registe		I No
0/		iii itogratores Agent		81 Nam		IV. Hanno El	10 AUDI 088	or How Hogist	nou Agoilt	
	Onzalez, Caridad T 121 SW 15 Street		ļ			45.5.5				
	AMI FL 33145			82 Stree	et Address	(P.O. Box N	lumber is No	Acceptable)		
••••			Ì	83						
			}	64 City					85 Zip (Code
				1					┡┖┊┊	
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Stat e of Florida. Such change wa	utes, the ab s authorized	ove-name by the c	ed corpora orporation'	ition submits 's board of d	this stateme irectors. I he	nt for the purpo eby accept the	ise of changing it appointment as	s registered registered
agent. I a	sm familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statu	ites.	•					·
SIGNATURE	Signature, typed or printed name of registered agr	eni and little if anoliceble (N	Olf : Begistered	Apent sinnal	lure required w	hen reinstating)		D	ATE	
12.		D DIRECTORS	13.				S/CHANGES		AND DIRECTOR	IS IN 12
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		DEL ETE		E					Change	■ Addition ■ Addition
TALE		☐ DELETE	6.1 TIT	E	s				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	certify that the information supplied w		6.1 Titl 6.2 MAI 6.3 Str 6.4 Cit	le Me Reet adores Y-St-Zip					- •	

Block 12 or Block 13 if changed, or on an attachment vi

SIGNATURE: