CR2E034 (11/98)

FILE NOW: FILING FEE AFTER MAY 1ST 12 \$559.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066195

1. Corporation Name

MARIA PAREDES-HUFSCHMID, INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90079 041 ***150.00



Principal Place of Business	Mailing Address			
5943 CATESBY STREET BOCA RATON FL: 33433	5943 CATESBY STREET BOCA RATON FL 33433		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed 07/31/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
n {	26		65-0772289	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip Cor 29 30	untry	This corporation owes the current year I Personal Property Tax.	Intangible ☐ Yes
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
AMERILAWYER CHARTERED		81 Name 82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVENUE				<u> </u>
CORAL GABLES FL 33134		83		
•		84 City	F	L 85 Zip Code
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the State agent. I am familiar with, and accept the obline. 	ate of Florida. Such change was authorize	d by the corporation	paration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change ☐ Addition □ DELETE TITLE **PSTD** 1.1 TITLE PAREDES-HUFSCHMID, MARIA NAME 1.2 NAME **5943 CATESBY STREET** STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TTILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: