


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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000080317 (5)

1. Corporation Name
LIMA CORPORATION

Principal Place of Business
**16011 NW 83RD AVE.
MIAMI LAKES FL 33016**

Mailing Address
**16011 NW 83RD AVE.
MIAMI LAKES FL 33016**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

650788310

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 **842 SALZEDO ST**

2a. Mailing Address
26 **16011 NW 83 AV.**

Suite, Apt. #, etc.
22 **CORAL GABLES - FL.**

Suite, Apt. #, etc.
27 **MIAMI LAKES FL.**

City & State
23 **FL.**

City & State
28 **33016 - FLORIDA**

Zip
24 **33** Country
25 **USA**

Zip
29 **33016** Country
30 **USA**

9. Name and Address of Current Registered Agent

**SERTZEN, LILLIAN
16011 NW 83RD AVE.
MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent **(NEW CORP.)**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPT SERTZEN, MANUEL**
STREET ADDRESS **16011 NW 83RD AVE.**
CITY - ST - ZIP **MIAMI LAKES FL 33016**

TITLE ☐ DELETE
NAME **DVS SERTZEN, LILLIAN**
STREET ADDRESS **16011 NW 83RD AVE.**
CITY - ST - ZIP **MIAMI LAKES FL 33016**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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.

SIGNATURE: **MANUEL SERTZEN (PRES) 1-20-98 305 8261310**

CR2E034 (10/97)