

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90040 041 \*\*\*150.00

0125220

DOCUMENT # P97000084180

1. Corporation Name  
2802 PROPERTY MANAGEMENT CORP.

Principal Place of Business  
2802 W 3RD AVE  
HIALEAH FL 33010

Mailing Address  
C/O ALBERTO SILVA. PRES.  
267 W 28TH ST  
HIALEAH FL 33010



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/29/1997

4. FEI Number  
65-0787907

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 2802 W. 3 AVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 267 W 28 ST  
Suite, Apt. #, etc.

22 City & State  
23 Hialeah FL  
Zip 24 33010 Country 25 None

27 City & State  
28 Hialeah FL  
Zip 29 33010 Country 30 None

9. Name and Address of Current Registered Agent

SILVA, ALBERTO  
1506 SW 143RD CT  
HIALEAH FL

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	PD	DELETE
NAME	SILVA, ALBERTO	
STREET ADDRESS	1506 SW 143 CT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VD	DELETE
NAME	CHIRINO, JUAN J	
STREET ADDRESS	4197 W 10TH AVE	
CITY-ST-ZIP	HIALEAH FL 33183	
TITLE	TD	DELETE
NAME	CHIRINO, LUIS F	
STREET ADDRESS	15155 NW 89TH CT	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	SD	DELETE
NAME	HERNANDEZ, ANA	
STREET ADDRESS	18397 SW 136 AVE	
CITY-ST-ZIP	MIAMI FL 33177	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (1/98)