

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

FILED

Apr 29 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 # **P97000084405 (4)**

1. Corporation Name

SERRANO FAMILY BUSINESS, INC.



Principal Place of Business 8360 NW SOUTH RIVER DRIVE MEDLEY FL 33166	Mailing Address 8360 NW SOUTH RIVER DRIVE MEDLEY FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9806 N.W. 80th Ave. Suite, Apt. #, etc. 22 12-R City & State 23 Hialeah Gardens, FL Zip 24 33016		2a. Mailing Address 26 14015 Langley Place Suite, Apt. #, etc. 27 City & State 28 Davie, FL Zip 29 33325		3. Date Incorporated or Qualified 09/30/1997	
		4. FEI Number 65-0784135		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name Cris Serrano
82 Street Address (P.O. Box Number is Not Acceptable) 9806 N.W. 80th Ave.
83 Unit 12-R
84 City Hialeah Gardens, FL
85 Zip Code 33016

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

4-21-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SERRANO, ANTONIO		1.2 NAME	
STREET ADDRESS 8360 NW SOUTH RIVER DRIVE		1.3 STREET ADDRESS 9806 N.W. 80th Ave., #12-R	
CITY-ST-ZIP MEDLEY FL 33166		1.4 CITY-ST-ZIP Hialeah Gardens, FL 33016	
TITLE VSTD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SERRANO, CHRIS		2.2 NAME	
STREET ADDRESS 8360 NW SOUTH RIVER DRIVE		2.3 STREET ADDRESS 14015 Langley Place	
CITY-ST-ZIP MEDLEY FL 33166		2.4 CITY-ST-ZIP Davie, FL 33325	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Cris Serrano

4-21-98

(305)825-4801

CR2E034 (10/97)