

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 27, 1999 8:00 am
Secretary of State

02-27-1999 90082 013 ***150.00

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DOCUMENT # P97000086731

1. Corporation Name
GROUP SIX CORP.

Principal Place of Business

720 SW 2ND AVE
MIAMI FL 33130

Mailing Address

720 SW 2ND AVE
MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

65-0789529

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLARES, JOSE
720 SW 2ND AVE
MIAMI FL 33130

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PD SOLARES, JSOE
STREET ADDRESS
2940 S MIAMI AVE
CITY-ST-ZIP
MIAMI FL 33129

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
TD FADHLS, VILMA MARIE
STREET ADDRESS
2204 SW 113 COURT
CITY-ST-ZIP
MIAMI FL 33175

2.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
VD MORENO, ANTONIO
STREET ADDRESS
10431 SW 40 TERRACE
CITY-ST-ZIP
MIAMI FL 33165

2.2 NAME ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
SD ATIENZA, EDUARDO
STREET ADDRESS
9240 SW 64 STREET
CITY-ST-ZIP
MIAMI FL 33173

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP SANCHEZ, RODOLFO
STREET ADDRESS
10780 SW 67TH DR
CITY-ST-ZIP
MIAMI FL 33173

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP FOLGUEIRA, BASILIO J.
STREET ADDRESS
11391 SW 64TH ST
CITY-ST-ZIP
MIAMI FL 33173

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Eduardo Atienza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 305-854-2625
Date Daytime Phone #

CR2E034 (11/98)