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 Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90091 022 ***150.00

DOCUMENT # P97000090659

1. Corporation Name

P & L OF HIALEAH CORPORATION

Principal Place	of Business	Mailing Address) (40)/441 in facilitati		
7916 NW 103 S	π	7916 NW 103 ST					
HIALEAH GARDENS FL 33016		HIALEAH GARDENS FL 33016					
US		US	US		DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed		
					10/22/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number		plied For
21		26			65-0789064		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27	<u>-</u>	<u>:</u>	2	Fee Re	driteg
City & State City & State				6. Election Campaign Financing	\$5.00		
23	3 28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year		A
24	25	29 30)		Personal Property Tax.		No.
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registe	red Agent	
	00000		81		opoz Padro		
LOPEZ, PEDRO			82		ress (P.O. Box Number is Not Acceptable)		
6941 NW 12TH ST.				8	616 N/W 103 RM	<u>. 57.</u>	
PLAN	NTATION FL 33313		83	3			
						85 Zip C	- Odo
			84	14101	real bandens 1	FL 33	301-6
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							
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.							
agent. i a	m tamiliar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statute	.			-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	aistered Age	nt signature require	od when reinstating) DAT	£	
12.`	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	"-		☐ Change	Addition
NAME	LOPEZ, PEDRO		1.2 NAME				
STREET ADDRESS	6941 NW 12TH ST.		13 STREE	T ADDRESS			
1 (PLANTATION FL 33313		1.4 CITY-				
CITY-ST-ZIP TITLE	TSD	□ DELETE	2.1 TITLE	31-21		☐ Change	☐ Addition
	1117		2.2 NAME	-		_ ,	_
NAME -			ı	ì			
STREET ADDRESS				TADDRESS			}
CITY-ST-ZIP	PLANTATION FL 33313	□ DELETE	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE		□ DECEIE*	3.1 TITLE	1	• • • • • • • • • • • • • • • • • • • •	□ Ollarigo	·
NAME	1 ⁻		3.2 NAME				
STREET ADDRESS			3.3 STRE				ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ OELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	·		4.3 STREE	TADDRESS			1
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRES	T ADDRESS			İ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREE	T ADDRESS			

14. 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.

CITY-ST-ZIP