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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

24



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000092398 (1) **DOCUMENT** #

D'LA CRUZ REALTY & BUSINESS CONSULTING, INC.

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address 16300 NE 19TH AVE. 251 174TH ST., SUITE 1818 N. MIAMI BEACH FL 33162 MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 2. Principal Place of Business 2a. Mailing Address 65-0790767 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 8. This corporation owes or has paid the current year Intaggible Zip Country Zφ Country

30

81

Name

CRUZ, JOSEPHINE 750 NW 43RD AVE., SUITE 517 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** В3 84 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. □ DELETE 1.1 TITLE Change ■ Addition TITLE **DE LA CRUZ, LUIS I** NAME 1.2 NAME 251 174TH ST., SUITE 1818 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33160 CITY-ST-ZIP 1.4 CITY - ST-ZIP Addition TITLE 2.1 TITLE Change NAME CESPEDES. GEORGE 2.2 NAME 5400 SW 77TH CT. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY-ST-ZIP 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 13 if ciran editor on in attachment with an address.

re sident

462/98

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

325945199 W

**FILED** 

May 05 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable