FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TATLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 **DOCUMENT #** P97000093366 (7)

FILED Jul 24 1998 8:00am Secretary of State

BOB'S	CADILLAC SERVICES, II	NC.			
Principal Place	ol Business	Mailing Add	Iress		
3145 NW 54T MIAMI FL 331			3145 NW 54TH STREET MIAMI FL 33132		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 10/30/1997
21	ace of Business	2a. Mailing	Address		4. FEI Nymber Applied For Not Applied For Not Applied For
Suite, Apl.	#, et c.	Suite, A	ot. #, etc.		Certificate of Status Desired Sa.75 Additional Fee Required
City & State		City & S 28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	29	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent CERDA, ROBERTO				81 Name	10. Name and Address of New Registered Agent
MIA	5 NW 54TH STREET MI FL 33132			83 City	ddress (P.O. Box Number is Not Acceptable) FL 85 Zip Code
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607. gistered agent, or both, in the S n familiar with, and accept the of	0502 and 607.1508, late of Florida. Such bligations of, Section	Florida Statules, the change was author 607.0505, Florida S	e above-named or ized by the corpor Statules.	orporation submits this statement for the purpose of changing its registered ration's board of directors. Thereby accept the appointment as registered
	Sign ature , typed or printed name of registered			lered Agent signature rec	
12.		AND DIRECTORS		.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	Roberto Cerda 3145 NW 5416	Street	1.		ROBERTO CERBA 3145 N W 545T.
CITY-ST-ZiP	many Plovida	3 3132		4 CITY-ST-ZIP	MIAMI FL33132
TITLE NAME STREET ADDRESS	Miredo meman	set, Apt. #	DELETE 2 2 2	- энин — — — — — — — — — — — — — — — — — —	SECRETARY Change Addition AIFRESO ALEMAN 11/29 NW SSP#C
CITY-ST-ZIP	mami, Florida	33128.	/ 2	. 4 CITY- ST- ZIP	MIAMI FL 33128
	Leman Stacks) Terrace	3 3	.1 TITLE .2 NAME .3 STRFET ADDRESS .4. CITY-ST-ZIP	
CITY-ST-ZIP	INVINIT INTO			.4. GH1-81-21F	

14. Thereby 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 informatic 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-S1-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

(35/634-8999

☐ Change

Change

Addition

Addition