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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000093721**1. Corporation Name

CAPARROS PROPERTIES CORP.

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Feb	10,	1999	8:00am
Sec	ret	ary o	f State

02-10-1999 90059 009 ***150.00

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Principal Plac	e of Business	Mailing Address					1 0106 (1511 5 00)	A MARI HEN HEET	
4235 WEST 16	TH AVE	4235 WEST 16TH AVE.						=,	
SUITE 102	an Ale.	SUITE 102				1			
HIALEAH FL 33	3012	HIALEAH FL 33012				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 10/31/1997		:	
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number	A	pplied For	ا
21	•	26				65-0797432	l. N	ot Applicable	١,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27				3. 3. 3. 3. 3. 3. 3. 3.		equired	
City & Stat	te	City & State				6. Election Campaign Financing		May Be	1
Zip	Country	Zip	Cou	intry		Trust Fund Contribution		to Fees	ì
<u></u>	25	29	30	y		 This corporation owes the current year In Personal Property Tax. 	angipie 12 Yes	□No	
24	9. Name and Address of Curren	11	30	Г	 ,	10. Name and Address of New Registered			
		······································		81	Name	, , , , , , , , , , , , , , , , , , , ,			ĺ
CAP.	ARROS, MARTIN SR.						···		
4235	5 WEST 16TH AVE.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
SUIT	ΓE 102			83				(1 a) ()	ĺ
HIAL	EAH FL 33012					The second of th		**************************************	
				84	City	FL	85 Zip	Code	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation of the provision of the control	of Florida. Such change was a	uthorized	f by th	named corpo ne corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its intment as n	s registered _ egistered	
SIGNATURE									
	Signature, typed or printed name of registered ager			Agent si	signature required	d when reinstating) DATE			œ
12.	OFFICERS AN	D DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICERS AF			1/98)
12.	OFFICERS AN		13.	TLE	signature required		ND DIRECT(1 (11/98)
12. TITLE NAME	P CAPARROS, MARTIN SR.	D DIRECTORS	13. 1.1 TIT 1.2 NA	TLE AME		ADDITIONS/CHANGES TO OFFICERS AF			034 (11/98)
12. TITLE NAME STREET ADDRESS	P CAPARROS, MARTIN SR. 4235 WEST 16TH AVE.	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	TLE AME REET AL	DDRESS	ADDITIONS/CHANGES TO OFFICERS AF			2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPARROS, MARTIN SR. 4235 WEST 16TH AVE. HIALEAH FL 33012	D DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF	TLE AME REET AL	DDRESS	ADDITIONS/CHANGES TO OFFICERS AF	☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P CAPARROS, MARTIN SR. 4235 WEST 16TH AVE. HIALEAH FL 33012 VP	D DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CD 2.1 TH	TLE AME REET AL TY-ST-Z	DDRESS	ADDITIONS/CHANGES TO OFFICERS AF			CR2E034 (11/98)
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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: __

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