Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90167 033 ***150.00

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

DOCUMENT #	P97000101767
	1 01 000 10 11 01

1. Corporatio							J			
YOUR W	vay subs and salads c	ORP.								
Principal Plac	e of Business	Mailing Ad	dress							
5616 NW 167 S		5616 NW 1								
MIAMI LAKES I	FL 33014	MIAMI LAKI	ES FL 33014				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							12/03/1997			
2. Principal P	Nace of Business	2a. Mailing	Address				4. FEI Number		A	pplied For
21		26					65-0844472		N	lot Applicable
Suite, Apt.	#, etc.	Suite, /	Apt. #, etc.	~			5. Certificate of Status Desired			Additional
22		27					3. Control of Calco Doores		Fee R	tequired
City & State	e	City &	State				6. Election Campaign Financing	П		May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	_	Country	/		8. This corporation owes the currer		ngible ZiYes	□No
24	25	29	30	0]			Personal Property Tax. 10. Name and Address of New Re			□N0
	9. Name and Address of Currer	it Registered A	gent	81	T	Name	10. Name and Address of New Ne	Bizinian Vi	2011	
SUA	REZ, ABIDIO				L					
	WEST 9 LANE			82	. 8	Street Addre	ess (P.O. Box Number is Not Acceptable	ie)		
HIALEAH FL 33012			83	+						
				84	84 City FL 85 Zip Code					
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508	Florida Statutes	the above	e-n	named corpo	oration submits this statement for the pr	urnose of ch	nanging it	s registered
office or r	registered agent, or both, in the State	of Florida, Such	change was auth	horized by	the	e corporation	n's board of directors. I hereby accept	the appoint	ment as r	egistered
	m familiar with, and accept the obliga	inons or, Section	1 607.0505, Plotiu	ia Statutes	٠.					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	. (NOTE: Re	egistered Ager	nt siç	gnature required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	PD	<u> </u>	☐ DELETE	1.1 TITLE				ļ	☐ Change	Addition
NAME	SOANEZ, ABIDIO			1.2 NAME	1.2 NAME					
STREET ADDRESS	4149 WEST 9TH LANE			1.3 STREET	TAD	ODRESS				
CITY-ST-ZIP	HIALEAH FL 33012			1.4 CITY-S	T-Z	IP .			<u> </u>	
TITLE	SD		DELETE	2.1 TITLE					Change	☐ Addition
NAME	GOMEZ, JESUS			2.2 NAME						
STREET ADDRESS	6725 MIAMI LAKES DRIVE EAS	ST BLDG 219		2.3 STREE	TAD	DORESS				
CITY-ST-ZIP	MIAMI LAKES FL 33016			2.4 CITY-5	ST-Z	ZIP				
TITLE	TD		DELETE	3.1 TITLE					Change	☐ Addition
NAME	ALPIZAR, IVAN			3.2 NAME						
STREET ADDRESS	8505 NW 68 STREET			3.3 STREE	TAD	DORESS				
CITY-ST-ZIP	MIAMI FL 33016			3.4. CITY-S	ST-Z	ZIP				
TITLE			☐ DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	TAD	DDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZI	IP				
TITLE			☐ DELETE	5.1 TITLE				ļ	Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	TAD	DORESS				

6.4 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 vol 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

Addition