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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

> Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000102825

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90030 029 ***150.00

 Corporation 	n Name	•									
NORTH	MIAMI TI	IRIFT	SHOP, INC.								
'''										E4: E111 (11)	
Principal Plac	e of Busines	is	-00-	Ma	ailing Address				-	1001 0211 2001	
421 NW 32 ST	i. •			421	1 NW 32 ST.						
MIAMI FL 33127 MIAMI FL 33127											
									DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualifed		
0 D-iiI F	Manager of Business			122	Mailing Address				12/08/1997 4. FEI Number	liad For	
2. Principal P	race of Busil	ness		<u> </u>	26				1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	lied For Applicable	
Suite, Apt.	# etc			[26]	Suite, Apt. #, etc.				\$8.75 ^		
22				27					_5. Certificate of Status Desired Fee Req		
City & State				 -	City & State				6. Election Campaign Financing 55.00 M	fav Be	
23				28	28				Trust Fund Contribution Added to Fees		
Zip		Co	untry	L.,	Zip		ountry		8. This corporation owes the current year Intangible		
24		25		29		30				.]No	
	9. Name	and A	ddress of Current	Regis	tered Agent		04		10. Name and Address of New Registered Agent		
CCO	NIAMOET C	EALIQTI	NO.	•	•		81	Name			
							82 Street Address (P.O. Box Number is Not Acceptable)		ss (P.O. Box Number is Not Acceptable)		
FERNANDEZ, FAUSTINO 421 NW 32 ST. MIAMI FL 33127							83				
INITA	MI 1 L 33 12						0.3				
							84	City	FL 85 Zip Co	ode	
dd Diseasann	to the provin	iona of	Sections 607 0503	ond 6	INT 1508 Florida Statu	toe the	above	-named corno	ration submits this statement for the purpose of changing its r	paietered	
office or i	registered ac	ient, or b	both. in the State o	of Florid	da. Such change was a	authorize	ed by	the corporation	's board of directors. I hereby accept the appointment as regi	stered	
agent. [a	am familiar w	ith, and	accept the obligat	ons ot,	, Section 607.0505, Flo	onda Sta	atutes.	•			
SIGNATURE	Signature, typed	or printed	name of registered agent	and title i	if applicable. (NOTE	: Registere	ed Agen	t signature required t	when reinstating) DATE	— i	
12.			OFFICERS ANI		•	13.	l.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	D				☐ DELETE	1.17	TITLE		- Change	☐ Addition	
NAME	FERNANI	DEZ, F	austino -			1.2 t	NAME				
STREET ADDRESS 421 NW 32 ST.					1.3 STF		STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL	<u>. 33127</u>	7							-	
TITLE		;					CITY-ST	-ZIP			
_NAME					☐ DELETE	2.1 7	TITLE	-ZIP	☐ Change	Addition	
STREET ADDRESS				<u>ر ج</u> ــــ	☐ DELETE	2.17	TITLE NAME		☐ Change	Addition	
CITY-ST-ZIP			,		☐ DELETE	2.1 T 2.2 M 2.3 S	TITLE NAME STREET	ADDRESS	☐ Change	Addition	
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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 on 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 of the corporation of the c

SIGNATURE:

TITLE REQUIRED TED NAME OF SIGNING OFFICER OR DIRECTOR