

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 # P98000006250

1. Corporation Name  
7915 ASSOCIATES, INC.

Principal Place of Business

~~7915 PINES BLVD~~  
PEMBROKE PINES FL 33024

Mailing Address

~~7915 PINES BLVD~~  
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1998

4. FEI Number

65-0816709

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of Now Registered Agent

81. Name

ODALYS RODRIGUEZ

82. Street Address (P.O. Box Number is Not Acceptable)

7952 PINES BLVD.

83.

84. City

PEMBROKE PINES FL 33024

2. Principal Place of Business

21 7952 PINES BLVD

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26 7952 PINES BLVD

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

~~AMERILAWYER~~  
~~643 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

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

*Odaly Rodriguez*

ODALYS RODRIGUEZ

4/12/99

12. OFFICERS AND DIRECTORS

TITLE P [ ] DELETE

NAME RODRIGUEZ, ODALYS

STREET ADDRESS ~~7915 PINES BLVD~~

CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D [ ] DELETE

NAME SALVATIERRA, SAL

STREET ADDRESS ~~7915 PINES BLVD~~

CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

7952 PINES BLVD

7952 PINES BLVD.

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\*\*\*158.00 \*\*\*158.00

1771 5/1/99

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:

*Odaly Rodriguez* ODALYS RODRIGUEZ 4/12/99

650 985-1607