PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000007506

1. Corporation Name

AMBASSADOR OF HIALEAH, CORP.

Principal Place of Business Mailing Address								
475 E 49 ST HIALEAH FL 33013		475 E 49 ST Hialeah Fl 33013						
THE COURT IS A COURT OF THE COU		THE COURT OF THE C			DO NOT WRITE IN THIS SPACE			
	,				3. Date Incorporated or Qualifed			
					01/23/1998			
2. Principal Pl	Place of Business 2a. Mailing Address				4. FEI Number 08/3735	Apr	plied For	
21 26					65-08/3735		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Red	I		
		City & State			5.5.4.0.0		<u> </u>	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to		
23 Zip			Country		8. This corporation owes the current year Int			
一 .	25 29 30		¬ '	Personal Property Tax.			No.	
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
*	o. Italia dia manda ana ana		81	Name				
/ MOREJON, ANGELA			82	O4 4 A A A	one /D.O. Boy Number in Not Acceptable)			
703 E 36 ST			02	Street Addre	t Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33013			83				_	
	••		<u> </u>	0.1		85 Zip C	abo.	
			84	City	FL	.		
11. Pursuant to office or reagent. I are SIGNATURE	to the provisions of Sections 607.050, egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was autr lions of, Section 607.0505, Florida	onzed by a Statutes	tne corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoi	ntment as reg	registered gistered	
	Signature, typed or printed name of registered agen		_	nt signature required		ID DIDECTO	OC IN 12	
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
TITLE			1					
NAME .	MOREJON, ANGELA 703 E 49 ST		1.2 NAME 1.3 STREET ADDRESS				1	
STREET ADDRESS	HIALEAH FL 33013		1.4 CITY-ST-ZIP				ļ	
CITY-ST-ZIP			2.1 TITLE	1-2IP		Change	Addition	
TITLE NAME			2.2 NAME				_	
			2.3 STREET	T ANDRESS				
STREET ADDRESS			2.4 CITY-S				1	
CITY-ST-ZIP TITLE	☐ DELETE		3.1 TITLE	71-211		Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-S		_ 			
TITLE			4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS	, रूपी.		Ì	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		_	Change	☐ Addition	
NAME	British Articles		5.2 NAME					
STREET ADORESS			5.3 STREE	TADDRESS			1	

14. 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 accupate 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 chapter 607 or on an attactor and 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 chapter 607.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

Addition

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90053 044 ***150.00