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 # P98000011392

1. Corporation Name

EL GAITERO INVESTMENT CORP

Principal Place of Business Mailing Address					
8121 W 8TH AVE 8121 W 8TH AVE				ين ريبون	
-HIALEAH FL 33014-3529					DO NOT INDITE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
The state of the s				02/04/1998	
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number Applied For Not Applicable
21		26	Out to the sta		Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· .		5. Certificate of Status Desired Fee Required
22		27			
City & State		City & State	ı ,		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28 Country Zip Cou		,	
Zip	Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25		[30]		10, Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
CASTILLO, PEDRO P					
8121 W 8TH AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)
HIALEAH FL 33014-3529			83		
				`}	
			84	City	FI 85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or printed name of registered age	ID DIRECTORS	13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	DELETE	1.1 71TLE		☐ Change ☐ Addition
NAME	CASTILLO, PEDRO P		1.2 NAME		
	8121 W 8TH AVE	•		TADDRESS	
STREET ADDRESS	HIALEAH FL 33014-3529				
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
			2.2 NAME		_ ,
NAME	Castillo, Pedro R 8121 W 8th Ave			T ADDRESS	
STREET ADDRESS					,
CITY-ST-ZIP	HIALEAH FL 33014-3529	DELETE	2. 4 CITY-	SI-ZIP	☐ Change ☐ Addition
TITLE			3.1 TITLE		
NAME			3.2 NAME	·	
STREET ADDRESS		· ·		TADDRESS	·
CITY-\$T-ZIP			3.4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Madinon 1
NAME		ويريان والمنية الأستان والمنتا	4.2 NAME		
STREET ADDRESS				TADDRESS	and the second s
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	ChangeAddition
TITLE		☐ DELETE	5.1 TITLE		L_J Change L_J Addition
NAME			5.2 NAME		
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	
TITLE	ASSESSED OF THE PARTY OF THE PA	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME ;	1.15 1.16 12時夏季之		6.2 NAME		

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 shot have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or hostee 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/16/99

Daytime Phone #

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90130 002 ***150.00

CR2F034 (11/98)