

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000026172**1. Corporation Name

FLORIDA FUNDING & FOULTY CORP.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90007 031 ***150.00

LOTTION	T I QUONG & EGOIT COM	, .				
Principal Plac	e of Business	Mailing Address		S 1005/1000 150 10100 (WH) MUSH AND CONTRACT	# 11818 #1181 11815 18818 1881 1881	
9336 SW 132 STREET 9336 SW 132 STREET			Ĭ			
MIAMI FL 33176 MIAMI FL 33176						
				DO NOT WRITE IN THI	S SPACE	
1				3. Date Incorporated or Qualifed 03/20/1998		
2. Principal P 21 9 20	Place of Business Sw 67 Ave	2a. Mailing Address	67 Ave	4. FEI Number 65-082/427	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	*	5. Certificate of Status Desired	\$8.75 Additional —Fee Required	
City & Stat	el, M.	City & State	F1.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zip		Country	8. This corporation owes the current year li			
24 3 7	144 25 USA	29 3 / 4/4 30	USA	Personal Property Tax.	☐Yes ☐No	
<u></u>	9. Name and Address of Curren		·	10. Name and Address of New Registered	i Agent	
			81 Name			
SHECHTER, PHILIP J CPA				Address (D.O. Boy Murcher is Not Assessable)		
7700	NORTH KENDALL DRIVE #805		82) Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156			83			
			84 City	F	85 Zip Code	
4. District	to the assuming of Spations 607 050	2 and 607 1509 Elorida Statutes	the above-named com-			
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.						
J-	in ratificat with, and accept the congar	nona or, occion cor .coco, r iona	a Cipicios.			
SIGNATURE	Signature, typed or printed name of registered agen	nt end little if applicable. (NOTE: Re	egistered Agent signature require	d when reinstating) DATE		
12.		D DIRECTORS 🗸	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	Rodriguez, Sandra	·	1.2 NAME			
STREET ADDRESS	1 =	·	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		1,4 C(TY-ST-ZIP			
TITLE	dg a	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	CARLOS Keyes	# 768	2.2 NAME			
STREET ADDRESS	(APLOS ReyES 1490/ SW 80 ST MAM, PT. 33193	3	2.3 STREET ADDRESS			
CITY-ST-ZIP	MAM, PT. 33193	; 	2 4 CITY-ST-ZIP	· · ·		
TITLE	1	☐ DELETE	3.1 TITLE		· Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	}		3.3 STREET ADDRESS			
CITY-ST-ZIP			34. C(TY-ST-ZiP		Change Caddisin	
TITLE	1	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	1		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	1	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		i	5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			
CITY-ST-ZIP		Cleriete	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	
TITLE		☐ DELETE	b			
NAME			6.2 NAME		•	
STREET ADDRESS			6.3 STREET ADDRESS		}	
CITY-ST-ZIP	1		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 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:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

4/98 Date

Daytime Phone #

3R2E034 (11/98)