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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000030249

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Zip

MIAMI FL 33178

FETROC, INC.

2. Principal Place of Business

AMERILAWYER

343 ALMERIA AVENUE **CORAL GABLES FL 33134**

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Suite, Apt. #, etc.

City & State

Principal Place of Business	Mailing Address	
9737 NW 41ST STREET	9737 NW 41ST STREET	

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9. Name and Address of Current Registered Agent

MIAMI FL 33178

2a. Mailing Address

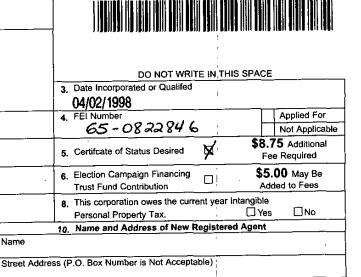
City & State

Zip

Suite, Apt. #, etc.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90047 004 ***158.75



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

Country

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City

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agent. I a	m familiar with, and accept the obligations of, Se	ction 607.0505, Flor	ida Statutes.	./	}	
SIGNATURE	Signature, typed or printed name of registered agent and title if app	licable (NOTE:	Registered Agent signature required		DATE	
12. OFFICERS AND DIRECTORS		13	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	FERNANDEZ, GABRIEL		1.2 NAME		İ	
STREET ADDRESS	6710 SOUTHWEST 129TH PLACE		1.3 STREET ADDRESS		1	
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP			
TITLE	SVD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	FERNANDEZ, GRACIELA		2.2 NAME		ĺ	
STREET ADDRESS	6710 SOUTHWEST 129TH PLACE		2.3 STREET ADDRESS		1	
CITY-ST-ZIP	MIAMI FL 33183		2. 4 CITY+ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Additio
NAME			3 2 NAME		,	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			7
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Additio
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STREET ADDRESS		!	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			=7.4 . 494
TITLE		☐ DELETE	6.1 TITLE		Change	Additio
NAME			6.2 NAME	1 X	1	
STREET ADDRESS		•	6.3 STREET ADDRESS		i I	
			64 CITY+ST-ZIP		<u> </u>	

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 of 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:

305) 594-1190

Zip Code

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