

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90017 045 ***150.00

DOCUMENT # **P98000032075**

1. Corporation Name

Classica Family Power Distributors,



Principal Place of Business

Mailing Address

**8360 W Flagler St. Ste 106
Miami FL 33135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4-7-98

2. Principal Place of Business

2a. Mailing Address

21 **6075 W 20 Ave**

26 **6075 W 20 Ave**

4. FEI Number
65-0825784

Applied
Not App

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 213**

27 **# 213**

5. Certificate of Status Desired ☐

\$8.75 Addition
Fee Require

23 **Hialeah FL**

28 **Hialeah FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May
Added to Fee

24 **33012** 25 **Dade**

29 **33012** 30 **Dade**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Mario J Velasquez
6075 W 20 Ave # 213
Hialeah FL 33012**

81 Name

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

83

84 City

FL

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

4-23-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **P** **Mario J. Velasquez** ☐ DELETE
NAME
STREET ADDRESS **9817 W Okeechobee Rd #205**
CITY-STATE-ZIP **Hialeah FL 33016**

1.1 TITLE **P** **Mario J Velasquez** ☒ Change
1.2 NAME
1.3 STREET ADDRESS **6075 W 20 Ave #213**
1.4 CITY-STATE-ZIP **Hialeah FL 33012**

TITLE **VP** **Rosario Velasquez** ☐ DELETE
NAME
STREET ADDRESS **9817 W Okeechobee Rd #205**
CITY-STATE-ZIP **Hialeah FL 33016**

2.1 TITLE **VP** **Rosario Velasquez** ☒ Change
2.2 NAME
2.3 STREET ADDRESS **6075 W 20 Ave #213**
2.4 CITY-STATE-ZIP **Hialeah FL 33012**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 supplementary 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-23-99