

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 # **P98000032859**

1. Corporation Name
CABAJEAL, INC.

Principal Place of Business

Mailing Address

**2556 NORTHWEST 7TH STREET
MIAMI, FL 33125
US**

**2556 NORTHWEST 7TH STREET
MIAMI, FL 33125
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1998

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SANCHEZ, RICARDO S.
4121A NORTHWEST 25TH STREET
MIAMI, FL 33142**

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:

Ricardo S. Sanchez
Ricardo S. Sanchez

1/28/99

DATE

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	PD	<input type="checkbox"/> DELETE
NAME	CABALLERO, LEONARD R.	
STREET ADDRESS	1330 NORTHWEST 166 TH AVENUE	
CITY, ST, ZIP	MIAMI, FL 33125	
12. TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CABALLERO, FLOR	
STREET ADDRESS	1330 NORTHWEST 166 TH AVENUE	
CITY, ST, ZIP	PEMBROKE PINES, FL 33028	
12. TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CABALLERO, GIOVANNY	
STREET ADDRESS	1330 NORTHWEST 166 TH AVENUE	
CITY, ST, ZIP	PEMBROKE PINES, FL 33028	
12. TITLE	T	<input type="checkbox"/> DELETE
NAME	CABALLERO, ALEJANDRO	
STREET ADDRESS	1330 NORTHWEST 166 TH AVENUE	
CITY, ST, ZIP	PEMBROKE PINES, FL 33028	
12. TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12. TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. 11 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	CABALLERO, LEONARDO R.	
13 STREET ADDRESS	1330 NORTHWEST 166 TH AVENUE	
14 CITY, ST, ZIP	PEMBROKE PINES, FL 33028	
21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
22 NAME	CABALLERO, LEONARDO	
23 STREET ADDRESS	1330 NORTHWEST 166 TH AVENUE	
24 CITY, ST, ZIP	PEMBROKE PINES, FL 33028	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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******150.00 ****150.00**

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: *V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99 305-871-1919
Date Daytime Phone #