## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000036266 \( \square\)

1. Corporatio	n Name I 30000	0002007		1	
AZOJAN	O AND CHANGO OBARDINA	A. INC.		1	
,42007114				T TRAUTRAUTHIN HAIRE HANNI ADIIT ADIIT ADIIT ADIIT	NAS HOR BUIL URDA BUIL BUIL 1881
Principal Plac	e of Rusiness	Mailing Address	<del></del>	1 1001(1001 TIB 1610) 101(1 001) 106(1 061) 106	
6530 S.W. 24ST 6530 S.W. 24ST				· .	
MIAMI FL 33155 MIAMI FL 33155				İ	
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				04/17/1998	
2. Principal P	2. Principal Place of Business 2a. Mailing Addr			4. FEI Number	Applied For
21 26			<del></del>	65-0879304	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.*		5. Certificate of Status Desired	\$8.75 Additional
22		27		Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23	ICausta	28 Zin	Country	Trust Fund Contribution	Added to Fees
Zíp	Country	Zip	Country	<ol> <li>This corporation owes the current year intangible Personal Property.</li> </ol>	Yes No
24	9. Name and Address of Curren	29 29 Agent	30	10. Name and Address of New Register	
<u></u>	J. Haire and Address of Curren	it Neglatered Agent	81 Name		`
LEAL	_, ALEJANDRO			<u>-azaro Menen</u>	dez
18836 N.W. 65CT			82 Street Add	tress (P.O. Box Number is Not Acceptable)	ort 1
MIAMI FL 33015			83	30 RW 43 W	<u> </u>
			84 City	300°	EL 85 Zip Code 330 5
11. Pursuan	t to the provisions of sections 607.050	2 and 607 1508. Florida Statute	s the above-named come	oration submits this statement for the nurpose of	of changing its registered
office or	registered agent or both, in the State	of Florida. Such change was a	uthorized by the corporat	tion's board of directors. I hereby accept the ap	ppointment as registered
	4:11	ations of, section 607.0505, Fig	mua Statutes.		0 99
SIGNATURE	Orginature, typed or printed name of registered agei	nt and title if applicable. (NC	TE: Registered Agent signature rec	quired when reinstating) DAT	E .
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	Prosident,	DELETE		President	Change Addition
NAME	Alcjandro Legi		1.2 NAME	azoro menendez	
STREET ADDRESS			1.3 STREET ADDRESS	8836 NW 65 Ct.	\ <u>!</u>
CITY-ST-ZIP	miani, FL 33	<u> </u>	1.4 CITY-ST-ZIP	niami FL 33015	(
TITLE		DELETE	2.1 TITLE -	•	Change Addition
NAME	Í		2.2 NAME		\frac{1}{2}
STREET ADDRESS			2.3 STREET ADDRESS	-	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	1	DELETE	3.1 TITLE		Change Addition
NAME					
STREET ADDRESS			3.2 NAME		
OUTLAND TID			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
TITLE			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MATURE REQUIRED STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/99 (305)669-221

FILED Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90012 014 \*\*\*550.00