

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).

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

08-04-1999 90012 014 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000036266** ✓
 1. Corporation Name
AZOJANO AND CHANGO OBARDINA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6530 S.W. 24ST, MIAMI FL 33155
 Mailing Address: 6530 S.W. 24ST, MIAMI FL 33155

3. Date Incorporated or Qualified: 04/17/1998
 4. FEI Number: 65-0829304
 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: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
LEAL, ALEJANDRO
 18836 N.W. 65CT
 MIAMI FL 33015

10. Name and Address of New Registered Agent
 81 Name: **Lazaro Menendez**
 82 Street Address (P.O. Box Number is Not Acceptable): **18836 NW 65 Court**
 84 City: **Miami** 85 Zip Code: **FL 33015**

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] DATE: 7/30/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE: President
 NAME: Alejandro Leal
 STREET ADDRESS: 18836 NW 65 Ct.
 CITY-ST-ZIP: Miami, FL 33015
 [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: President
 1.2 NAME: Lazaro Menendez
 1.3 STREET ADDRESS: 18836 NW 65 Ct.
 1.4 CITY-ST-ZIP: Miami, FL 33015
 [Change] [Addition]

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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature]
 DATE: 7/28/99 DAYTIME PHONE #: (305) 667-2014

CR2E034 (5/99)