FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999
DOCUMENT # P98000039185

1. Corporation Name

EUNICE'S PLACE INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90040 035 ***150.00

I							1				
Principal Place of Business Mailing Address											
4220	W. 19th Ave.										
HIALEAH, F1 33012						DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed				1
							04/30/98				
2. Principal P	2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
	as above	26					65-0833418			Not Applicable	4
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired	sd			
City & State City & State 23 28							Election Campaign Financing Trust Fund Contribution	, s s s s s s s s s s s s s s s s s s s			
Zip	Zip Country Zip Zip			Country			_ 8This corporation owes the current year Intangible				
24	25 29 3			0			Personal Property Tax.				.= - <u>-</u>
	9. Name and Address of Curre	nt Registere	ed Agent	<u> </u>			10. Name and Address of New F	Registered	Agent		
Euni	ce Hernandez			81	Name						
801 Madrid					Street A	ddres	ss (P.O. Box Number is Not Accepta	hle)			-
Coral Gables, F1 33134					0000077	4220 W. 19th Avenue					ال
0014	1 000100, 11 3	7137		83							
				84	City				85 Zi	p Code	-
					, ,	Hia	leah,	FL		33012	}
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statutes,	the above	-named c	orpor	ation submits this statement for the	purpose of	f changing	its registered	7
agent. I a	egistered agent, or both, in the State on familiar with and accept the oblig	ations of Sec	ction 607.0505, Florida	a Statutes	tile corpor	auon	s board of directors. Thereby accep	it the appo	munem as	registered	
SIGNATURE	10/Hernan	de-	-				(03/22	/99		
Gignature, typed or printed name of registered agent and task applicable. (NOTE: Registered Agent signature						quired w	rhen reinstating)	DATE			4 ;
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF	FICERS A			!
TITLE	P/D		☐ DELETE	1.1 TITLE					Chang	e Addition	1
NAME	Eunice Hernandez			1.2 NAME							
STREET ADDRESS	4220 W 19th Avenue			1.3 STREET							
CITY-ST-ZIP	Hialeah, Fl 33		□ DELETE	1.4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		Chang	e Addition	.⊢ ;
TITLE			C) DEFEIC	2.1 TITLE 2.2 NAME					[_] Crially	e 🗆 vagillot	"
NAME					ADDDESS						1
STREET ADDRESS				2.3 STREET	1						
CITY-ST-ZIP			DELETE	2. 4 CITY-S 3.1 TITLE	II-ZIP				Chang	e 🗀 Addition	\exists
NAME			_ 500.5	3.2 NAME					onang		
STREET ADDRESS				3.2 NAME 3.3 STREET	Annesee	<u></u> .	******				
CITY-ST-ZIP				3.4 CITY-S					سمة ا <u>ـــــــــ</u>		†
TITLE			☐ DELETE	4.1 TITLE	- 20				☐ Chang	e Addition	1
NAME				4. 2 NAME	-				_ •	_	}
STREET ADDRESS:				4.3 STREET	ADDRESS						
CITY-ST-ZIP				4.4 CITY-S1	1						
TITLE			DELETE	5.1 TITLE	+				☐ Chang	e 🔲 Addition	1
NAME				5.2 NAME	- 1						
STREET ADDRESS				5.3 STREET	ADDRESS						
OTT (OT TIP				5.4.C(TV-S)	- 7ID						

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

3/22/00

305-823-8578

☐ Change

☐ Addition