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## 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 #

1. Corporation Name

601 SW 96TH AVENUE

RIVARD, MICHAEL W

601 SW 96TH AVENUE

SANCHEZ. DUVAN STEVE

601 SW 96TH AVENUE

PEMBROKE PINES FL 33025-1103

PEMBROKE PINES FL 33025-1103-

PEMBROKE PINES FL 33025-1103

HIVANU & HIVENS (MILAIVII) IIV	Ç.					
Principal Place of Business	Mailing Address				1411 <b>40</b> 114 <b>00</b> 111 <b>4</b>	
601 SW 96TH AVENUE PEMBROKE PINES FL 33025-1103	601 SW 98TH AVENUE PEMBROKE PINES FL 33025-1	601 SW 96TH AVENUE PEMBROKE PINES FL 33025-1103		DO NOT WRITE IN THIS SPACE		
		_		3. Date Incorporated or Qualifed 05/15/1998		
2. Principal Place of Business	2a. Mailing Address	· <del></del>		4. FEI Number 52-2099190		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required
City & State	City & State			-6. Élection Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 24 25	Zip 30	<u></u>		This corporation owes the curl Personal Property Tax.	rent year Inta	angible ☐ Yes   ☑No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
RIVARD, MICHAEL W		- · - 81		ress (P.O. Box Number is Not Accept	able)	
601 SW 96TH AVENUE PEMBROKE PINES FL 33025-1103		83				
		84	City		FL	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	607.0502 and 607.1508, Florida Statutes, le State of Florida. Such change was auth le obligations of, Section 607.0505, Florida	orized by	the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the appoir	changing its registered ntment as registered
SIGNATURE Signature, typed or printed name of regi	stered agent and title if applicable. (NOTF: Re	gistered Age	nt signature require	d when reinstating)	DATE	<del>_</del>
	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE				☐ Change ☐ Additio
NAME RIVERA, ERIKA		1.2 NAME				

CITY-ST-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 suppliemental 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.

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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2.1 TITLE

2.2 NAME

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4. 2 NAME 4.3 STREET ADDRESS

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Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90068 005 \*\*\*150.00