


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90134 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000045506  
 1. Corporation Name  
 SAN FRANCISCO DE ASIS, INC.

Principal Place of Business: 4783 N.W. 167TH STREET, OPA LOCKA FL 33055  
 Mailing Address: 4783 N.W. 167TH STREET, OPA LOCKA FL 33055



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1998

4. FEI Number: 65-0845278 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: 21 *Belleville*  
 Suite, Apt. #, etc.: 22 *4783 NW 167 ST*  
 City & State: 23 *Coral City, FL*  
 Zip: 24 *33055* Country: 25 *Dade*

2a. Mailing Address: 26 *3980 NW 175 ST*  
 Suite, Apt. #, etc.: 27  
 City & State: 28 *Coral City*  
 Zip: 29 *33055* Country: 30 *Dade*

9. Name and Address of Current Registered Agent  
 REY, MEDARDO  
 4783 N.W. 167TH STREET  
 OPA LOCKA FL 33055

10. Name and Address of New Registered Agent  
 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: *Medardo Rey* DATE: *4-26-99*

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	REY, MEDARDO	
STREET ADDRESS	3980 N.W. 175TH STREET	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REY, MEDARDO	
STREET ADDRESS	3980 N.W. 175TH STREET	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Medardo Rey* DATE: *4/26/99* 305  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone # *625-4633*

CR2E034 (11/98)