PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000046745

1. Corporation	n Name							
CUENCA SUN CENTRE, INC.					LANGUAGE COLUMNIE STATE		eraas ann nadh	
Principal Place	a of Rueiness	Mailing Address			1 1944 1001 110 10101 1841 00111 07111 07111 08111 1		11 00 1 041 1500	
•		C/O SAM CUENCA						
C/O SAM CUENCA					DO NOT INDITE IN TIME	CDACE		
MIAMI FL 33169 MIAMI FL 33169					DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE	 -	1
					05/26/1998			l
- Dilania 4 B	leas of Burlage	2a, Mailing Address			4. FEI Number	ADI	olied For	
2, Principal P	lace of Business	26			APPLIED FOR	Not	Applicable	l
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 A		i
22		27	_		5. Certificate of Status Desired	Fee Re	quired	
City & State	9	City & State			6, Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	Fees	l
Zip	Country	Zip 30	Count	ry	 This corporation owes the current year Int Personal Property Tax. 	angible	□No	1
24	25		<u> </u>		10, Name and Address of New Registered			l
	9. Name and Address of Curren	t Kedisteren Warit		1 Name	10, 114411-11411-11411-11411-11411-11411-11411-11411-11411-11411-11411-11411-11411-11411-11411-11411-11411-1141			Į
CUE	NCA, SAM		L		No. 2 - No. 4			i
290 N.W. 165 STREET			[8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			ĺ
sun		a	3				l	
MIAMI FL 33169]_			85 Zip C	ode	Í
				4 City	FL	.		l
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statutes,	the abo	ve-named con	poration submits this statement for the purpose of	changing its	registered	l
office or r	registered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was but tions of, Section 607,0505, Florida	ionziocii; a Statuti	у шне сопроказа 96.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	manam us reg	,	l
SIGNATURE								_
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	distance Ag	ent signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	CR2E034 (11/98)
12.	D OFFICERS AN	DELETE	1.1 1111.		ADDITIONAL CHARGES TO OIL TOCKS AT	Change	Addition	Ē
NAME	CUENCA, SAM						X	
STREET ADDRESS				ET ADDRESS			,	
CITY-ST-ZP	MIAMI FL 33169		1.4 CTY	ST-ZIP				8
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NAME			2.2 NAM	:				ł
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14. I hereby cartify 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 eath; that I am an officer or director of the adiporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.45 changed, or on an attachyright with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADORESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATULE AND TYPES ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

305-947-1728

■:

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90205 025 ***150.00