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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90222 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000047391

1. Corporation Name

THE PROCESSING DEPOT CORPORTION

Principal Place of Business

900 WEST 49TH STREET  
SUITE 408  
HIALEAH FL 33012

Mailing Address

900 WEST 49TH STREET  
SUITE 408  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

27 City & State

28 Zip Country

29

30

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

9. Name and Address of Current Registered Agent

RUANO, JOSE A  
900 WEST 49TH STREET  
SUITE 408  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name RUANO, ADELKYS

82 Street Address (P.O. Box Number is Not Acceptable)  
900 WEST 49TH STREET

83 SUITE 408

84 City HIALEAH

FL

85 Zip Code 33012

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 ADELKYS RUANO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RAMIREZ, ELISA  
STREET ADDRESS 350 EAST 53RD STREET  
CITY-ST-ZIP HIALEAH FL 33013

TITLE SD  
NAME RUANO, ADELKYS  
STREET ADDRESS 8909 NW 189TH TERRACE  
CITY-ST-ZIP MIAMI FL 33018

TITLE TD  
NAME RUANO, JOSE A  
STREET ADDRESS 8909 NW 189TH TERRACE  
CITY-ST-ZIP MIAMI FL 33018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME RAMIREZ, ELISA  
1.3 STREET ADDRESS 350 EAST 53RD STREET  
1.4 CITY-ST-ZIP HIALEAH FL 33013

2.1 TITLE SD  
2.2 NAME RUANO, ADELKYS  
2.3 STREET ADDRESS 1325 W 68 ST. #417  
2.4 CITY-ST-ZIP HIALEAH FL 33014

3.1 TITLE TD  
3.2 NAME RUANO, ADELKYS  
3.3 STREET ADDRESS 1325 W 68 ST. #417  
3.4 CITY-ST-ZIP HIALEAH FL 33014

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(305)819-9911

Daytime Phone #

CR2E034 (11/98)