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 # P98000048135

1. Corporation Name

CONSUELO GARCIA, INC.

ļ						 	
Principal Place	e of Business	Mailing Address			-		
16864 S.W. 90T		•	16864 S.W. 90TH TERRACE		,		
MIAMI FL 33196		MIAMI FL 33196			1.		
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					05/29/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number) 	lied For
21		26		65-0839333		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22	y	27		5. Cerdicate of Status Desired Fee Required			
City & State)	City & State		6. Election Campaign Financing	\$5.00 1		
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year In		-
24	25 29 30		30	reisonal reporty rax.			□No
	9. Name and Address of Curren	t Registered Agent	04	A1	10. Name and Address of New Registered	Agent	
CAD	CIA CONCLIELO		81	Name	,		
GARCIA, CONSUELO			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
16864 S.W. 90TH TERRACE							
MIAMI FL 33196			83		•		
			84	City		85 Zip C	ode
			_	•	Fl		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute: of Florida, Such change was au	s, the above thorixed by	e-named corporation	oration submits this statement for the purpose of the board of directors. I hereby accept the appo	i changing its r intment as reg	registered jistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes	عينسوء	1/02	laa	ł
SIGNATURE	•		' ∧ ⇔ •∈		4/83		
	Signature, typed or printed name of registered agen		Registered Igen	r signature fequiret	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOL	DC IN 12
12.		D DIRECTORS	13/ TITLE	- 	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	PSD COMOUNT O				•		_
NAME .	GARCIA, CONSUELO		1.2 NAME				ļ
STREET ADDRESS	16864 S.W. 90TH TERRACE		1.3 STREET				
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-S	7.7ID	_		
TITLE	1	FI SELETE	_		-	Change	Addition
NAME	•	☐ DELETE	2.1 TITLE			Change	Addition
1		☐ DELETE	2.1 TITLE 2.2 NAME		<u> </u>	Change	Addition
STREET ADDRESS	•	☐ DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS CITY-ST-ZIP		_	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS			
1		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS		☐ Change	Addition Addition
CITY-ST-ZIP		_	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS			
CITY-ST-ZIP		_	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS T-ZIP			
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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 fully 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 comporation or the receiver or pastice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90135 020 ***150.00

☐ Addition

☐ Change