**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000058436

1. Corporation Name DEL RISCO, INC.

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90004 028 \*\*\*150.00



Principal Place	e of Business	Mailing Address				
4130 WEST 187	TH COURT	4130 WEST 18TH COURT				
HIALEAH FL 33	012	HIALEAH FL 33012		DO NOT V	VRITE IN THIS SPACE	
•				3. Date Incorporated or Quali		
				07/01/1998		
2 Principal P	lace of Business	2a. Mailing Address		4, FEI/Number	Ap	plied For
21 / 1/4	IOTA SEAVIAL		<u>ء</u>	65-084	7080 No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			_ \$8.75 A	Additional
22	•	27		5. Certificate of Status Desired	Fee Re	quired
City & Sy	- 1 115	City & State		6. Election Campaign Financi	ng S5.00	May Be
23 ///	AHI LAKES	28 /2.		Trust Fund Contribution	Added t	to Fees
Zip 2 1	Country	Zip	Country	8. This corporation owes the		
24 23	014  25   037	29 - 30	<u> </u>	Personal Property Tax.	☐ Yes	<u>∃</u> No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of Ne		
· AME	RILAWYER		81 Name	OURDES DE	1 K154	0.
	ALMERIA AVENUE		82 Street Ad	idress (P.O. Box Number is Not Acc	eptable)	
	AL GABLES FL 33134		83	HO THISE	DIA SA	•
				0		
			84 City	AN LAKE	S FI 85 39	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes, t	the above-named co	progration submits this statement for	the purpose of changing its	registered
office or r	egistered agent, or both, in the State m familial with, and accept the obligi	of Florida, Such ch <del>appe, was autho</del>	rized by the corpora	ation's board of directors. I hereby a	ccept the appointment as re-	gistered
•	m familiar with, and accept the oblig	ations or, salado 4007.00005, Fibrida	Statutes.		3/4/9	<b>7</b> .
SIGNATURE		# III Winter Day	istered Agent signature req		ATE -	<u> </u>
_ /	Signature, typed or printed pame of registered ag	ent and title if applicable. (NOTE: Reg	pstered Agent signature led	uired when reinstating)	DAIL V	
12.		NE DIRECTORS **	13.	ADDITIONS/CHANGES TO	****	
12. TITLE	PSTD OFFICERS A			ADDITIONS/CHANGES TO	Chánge	PRS IN 12 ☐ Addition
	PSTD (DEL RISCO, LOURDES	NE DIRECTORS **	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO	LOURDES	
TITLE	PSTD DEL RISCO, LOURDES 4130 WEST 18TH COURT	NE DIRECTORS **	13. 1.1 TITLE	ADDITIONS/CHANGES TO	LOURDES	
TITLE NAME	PSTD (DEL RISCO, LOURDES	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO	LOURDES BUIALLY	Addition
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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 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