PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF TATE

Katherine Harris

Secretary of State

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90055 021 ***150.00

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]	1999		DIVISION	OF CORPO	RATIONS		04-07-1999 900	33 021	130.00	
1. Corporation	MENT # PS		757				_			
Principal Place of Business 16065 N.W. 57TH AVENUE			Mailing Address 16065 N.W. 57TH AVENUE				I lesinger and letter sour sour sour sour			; ·
HIALEAH FL 33	014	HIAL	EAH FL 33014				DO NOT WRITE IN THE	S SPACE		1
}							3. Date Incorporated or Qualifed 07/09/1998	<u> </u>		
2. Principal Place of Business			2a. Mailing Address			$\neg \neg$	4. FEI Number		plied For	
21		26		_			65-0858021		t Applicable	- (
Suite, Apt.	#, etc.	27	Sulte, Apt. #, etc.	فه	2		5. Certificate of Status Desired	\$8.75 / Fee Re	quired	- \ _
City & Stat	e :	. 28	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1		
Zip	Country	· —	Zip		antry		 This corporation owes the current year in Personal Property Tax. 	ntangible ☐ Yes	□No	
24	25 Name and Addre	29 ss of Current Registr	red Arent	30	ł		10. Name and Address of New Registered			i
	•		<u>.</u> .		61 Name	,				
RIVERO, DANIEL					82 Street	Addres	is (P.O. Box Number is Not Acceptable)			l i
	35 N.W. 57TH AVENU .EAH FL 33014	E	Į.							
, niat	EAU L 22014				83					
ļ					84 City		· ` F	85 Zip (Code	ĺ
44 5	to the providings of San	ione 607 0602 and 60	7 1508 Elorida S	tatides the	hove-named	compo			registered	
office or f	egistered agent, or both	in the State of Florida	Such change W	as authorize	d by the corp	ocration	ation submits this statement for the purpose to board of directors. I hereby accept the appoint	ointment as re	gistered	
	m ramuar with, end acco	ept the congations of,	cocu. 100 nouses	, FIUIDA SU	mes.				ı	
SIGNATURE	Signature, typed or printed name	of registered agent and title if	applicable. (NOTE: Registere	d Agent signature	required W	when reinstating) DATE			≅ .
12.		FFICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	Addition	CR2E034.(1.1/98)
TITLE (D Rivero, Daniel		☐ OELET		MAE			[] 4.2.4°		4.
NAME !	11530 S.W. 145TH	AVENI IE			TREET ADORESS					ရှု
STREET ADDRESS	MIAMI FL 33176	ALITOL			TY-ST-ZIP	1				₽.
TITLE	D		☐ DELET					Change	Addition	၁
NAME '	RIVERO, MARCOS	0		2.21	AME					
STREET ADDRESS	2700 S.W. 76TH AV	/ENUE		235	TREET ADDRESS	3				
CITY-ST-ZIP	MIAMI FL 33155				XTY-ST-ZIP	 -		<u></u>	☐ Addition	~-1
TINLE			☐ DELET		•	1	-	☐ Change	[] Addition	
NAME					W.E					. 1
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TITLE			☐ DELET		TLE	†		Change	Addition	
NAME (,	ļ				WE	ļ				
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C/TY-ST-23P					TY-ST-ZIP	 		E-1 0\	C Addition	
πLE			☐ DELET		ITLE	1		Change	Addition	
NAME					ALC					
STREET ADDRESS					AME TREET ACCRESS					
1	 			53 5	TREET ADDRESS					
CITY-ST-ZIP			☐ DELET	53 5 54 0	TREET ADDRESS TY-ST-ZIP			Change	☐ Addition	
CITY-ST-ZEP			☐ DELET	535 546 E 617	TREET ADDRESS TY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
CITY-ST-ZIP			☐ DELET	535 540 E 611 -621	TREET ADORESS ITY-ST-ZIP ITCE			Change	☐ Addition	

14. I hereby certify that the information supplied with this filling 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 reports 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 exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or trusted 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:

Devembers 1990 On Province of Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report, and an address is the same legal effect as if made under oath; that I am an officer or director of the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or trusted 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:

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