## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90196 032 \*\*\*150.00

## DOCUMENT # P98000072133

ENRIQUE FERNANDEZ RODRIGUEZ, INC.

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Principal Plac	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,		
8050 N.W. 103RD STREET 8050 N.W. 103RD STREET						ļ		
SUITE 203	DELIG EL 00010	SUITE 203				DO MOTANDITE IN THE OPINE		
HIALEAH GAR	DENS FL 33016	HIALEAH GARUENS FL 3	HIALEAH GARDENS FL 33016			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 08/17/1998		
2. Principal F	Place of Business	2a. Mailing Address .		~ ~		4. FEI Number	A	pplied For
21		26				65-0860301	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired  \$8.75 Additional		
22		27				5. Certicate of Status Desired	Fee R	teguired
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23		28						
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intang	gible :	1 1 11
24	25	29	30			Personal Property Tax.	] Yes	No
	9. Name and Address of Currer	nt Registered Agent		T		10. Name and Address of New Registered Ag	ent	
				81	Name	= = = = = = = = = = = = = = = = = = =		
FERNANDEZ, ENRIQUE				82	Stroot Adde	ress (P.O. Box Number is Not Acceptable)		
	N.W. 103RD STREET		Street Addi			intega (E.O. DOX INDITION IS INDITACOSPICIONS)		
SUITE 203				83		<del></del>		
HIAL	EAH GARDENS FL 33016							
	÷			84	City	FI Ì	85 Zip	Code
44 Durauant	to the provisions of Sections 607 050	12 and 607 1508 Florida State	utes the s	hove-	named como	oration submits this statement for the purpose of ch	anging it	s registered
office or i	registered agent, or both, in the State	of Florida. Such change was	authorize	d by th	ne corporatio	on's board of directors. I hereby accept the appointm	nent as r	egistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	tutes.				
SIGNATURE								<u>`.</u>
	Signature, typed or printed name of registered age	<del></del>			signature required	d when reinstating) DATE	DIRECT	OPS IN 12
12.	PSTD	ND DIRECTORS ☐ DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	
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NAME					j.			ļ
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NAME					nnDrof			
STREET ADDRESS					DORESS !	S. S.		
CITY-ST-ZIP	ļ			ITY-ST-	ZIP			
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NAME	<b>.</b>		6.2 N	IAME	1	The second secon		-

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 attention with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS