

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**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90071 038 \*\*\*150.00

DOCUMENT # P 980000 73 556

1. Corporation Name

MANVAZ, INC ✓

Principal Place of Business

Mailing Address

2677 FOREST HILL BLVD. SAME  
SUITE #101  
WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

AUGUST 20, 1998

2. Principal Place of Business

2a. Mailing Address

21 2677 FOREST HILL BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101

27

City & State

City & State

23 WEST PALM BEACH, FL

28

Zip

Country

Zip

Country

24 33406

25

U.S.A.

29

30

4. FEI Number

Applied For

☒ Not Applicable

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

10. Name and Address of New Registered Agent

GLADYS MANCOS  
1050 S.W. 11<sup>th</sup> STREET  
MIAMI, FL 33129

81 Name

ALINA VAZQUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

1115 STAGHORN ST

83

84 City

WELLINGTON

FL

85

Zip Code

33414

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

Alina Vazquez

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☒ DELETE  
NAME GLADYS MANCOS  
STREET ADDRESS 1050 SW 11<sup>th</sup> STREET.  
CITY-ST-ZIP MIAMI, FL 33129

11 TITLE PRESIDENT ☒ Change ☐ Addition  
12 NAME ALINA VAZQUEZ  
13 STREET ADDRESS 1115 STAGHORN ST.  
14 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

Alina Vazquez

ALINA VAZQUEZ

4/28/99

(561) 9684088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)