## 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

## DOCUMENT # P98000079214

Mailing Address	*	<del></del>
2800 S.W. 118TH AVE MIAMI FL 33175		
Matter Address		
	2800 S.W. 118TH AVE	Mailing Address  2800 S.W. 118TH AVE MIAMI FL 33175

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90090 022 \*\*\*150.00

MOLINA'	S SUBCONTRACTING COR	P.			
				) 1881/1881 (18 1818) (1811) 88/1/ 189() EB() EB() EB() EB() EB() EB() EB() EB	
	<u> </u>				
Principal Place	e of Business	Mailing Address	٠	( 1981) PR THE CREEK PAIN PAIN PAIN PAIN PAIN	
2800 S.W. 118TH AVE 2800 S.W. 118TH AVE					
MIAMI FL 33175	MIAMI FL 33175 MIAMI FL 33175			DO NOT WRITE IN THIS SPA	VCE
				3. Date Incorporated or Qualifed	10E
				09/14/1998	1
a Bringing! D	lace of Business	2a. Mailing Address		4 FEI Number	Applied For
2. Principal P	Idea of Dusiliess	26	المستوعية ويعيران	65-0862935	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangil	ble
24	25	29 30		- Constitution of the control of the	Yes 🗆 No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Age	nt
			81 Name		
	INA, ROBERTO		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	) S.W. 118TH AVE				
MAIM	MI FL 33175		83		
			84 City	8	5 Zip Code
				FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named cor	rporation submits this statement for the purpose of char tion's board of directors. I hereby accept the appointment	nging its registered
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	onzed by the corporal a Statutes.	tions board of directors. Thereby accept the appointment	ant da registered
SIGNATURE	· · ·			_	
CICITATIONE	Signature, typed or printed name of registered age		gistered Agent signature requi		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	Change  Addition
TITLE	D	. DELETÉ	1.1 TITLE	ب	Onange
NAME	MOLINA, ROBERTO		1.2 NAME		1 :
STREET ADDRESS	2800 S.W. 118TH AVE		1.3 STREET ADDRESS		!
CITY-ST-ZIP	-MIAMI FL 33175		1.4 CITY-ST-ZIP		Change Addition
TITLE	D	☐ DELETE	2.1 TITLE	٥	onange
NAME	MOLINA, INGRID T	,	2.2 NAME	garan da an	
STREET ADDRESS	2800 S.W. 118TH AVE	-	2.3 STREET ADDRESS		}
CITY-ST-ZIP	MIAMI FL 33175	☐ DELETE	2.4 C/TY-ST-Z/P	г	Change Addition
) TITLE		O DECEIE	3.1 TITLE		,
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TILE		C) DELETE	4.1 TITLE	L C	onango
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change
TILE		☐ DELEIE	5.1 TITLE	U	Change [] Monto()
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS	•	
CITY-ST-ZIP		— □ priete	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE	,	☐ DELETE		L	Change Distribution
NAME			6.2 NAME		
STREET ADDRESS	<b>!</b> • • • • • • • • • • • • • • • • • • •		6.3 STREET ADDRESS		

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.