PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

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02-20-1999 90164 046 \*\*\*150.00

2560 S.W. 27 AVE. CORP. Mailing Address Principal Place of Business 4260 S.W. 73RD AVE. 4260 S.W. 73RD AVE. MIAMI FL 33134 MIAMJ FL 33134 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/09/1998 2a. Malling Address FEI Number Applied For 2. Principal Place of Business 45-0868442 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country Zio □No X Yes 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **A1** Name MIR. HECTOR J Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD, SUITE 1107 CORAL GABLES FL 33134 Zip Code City 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, typed or printed name of registered agent and title if applicable. (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE 1.2 NAME CR2E034 REVUELTA, LUIS O NAME 4260 S.W. 73RD AVENUE 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 33155 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE VEGA, NESTOR 2.2 NAME 4260 S.W. 73RD AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33134 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE LEON, SEGISBERTO, J 32 NAME NAME 4260 S.W. 73RD AVE. 33 STREET ADDRESS STREET ADDRESS MIAMI FL 33134 CITY-ST-ZIP 34 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 41 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-51-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change DELETE TITLE 62 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver of 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 chapted, a on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP