

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000085292

1. Corporation Name

EL HABITO, INC.

Principal Place of Business

Mailing Address

12000 BISCAYNE BLVD. #608 12000 BISCAYNE BLVD.
MIAMI, FL 33181 #608
MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

October 5, 1998

2. Principal Place of Business

21 1111 BISCAYNE BLVD.

Suite, Apt. #, etc.

22 #1552
City & State

23 MIAMI, FLORIDA

Zip Country

24 33181 25 USA

2a. Mailing Address

26 1111 BISCAYNE BLVD.

Suite, Apt. #, etc.

27 #1552
City & State

28 MIAMI, FLORIDA

Zip Country

29 33181 30 USA

4. FEI Number

65-0869244

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

MORELLA SALAZAR
12000 BISCAYNE BLVD., #608
MIAMI, FL 33181

10. Name and Address of New Registered Agent

81 Name

LAURIE S. WHITTAKER

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

83

1065 NE 125TH STREET, SUITE 300

84 City

NORTH MIAMI

FL

85 Zip Code

33161

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PRESIDENT ☒ DELETE

NAME MADELEINE DUYOS

STREET ADDRESS 12000 BISCAYNE BLVD. #608

CITY-ST-ZIP MIAMI, FL 33181

13. TITLE SECRETARY ☐ DELETE

NAME MORELLA SALAZAR

STREET ADDRESS 12000 BISCAYNE BLVD., #608

CITY-ST-ZIP MIAMI, FL 33181

14. TITLE DIRECTOR ☒ DELETE

NAME MADELEINE DUYOS

STREET ADDRESS 12000 BISCAYNE BLVD., #806

CITY-ST-ZIP MIAMI, FL 33181

15. TITLE DIRECTOR ☒ DELETE

NAME MADELINE SCHUTTE

STREET ADDRESS 12000 BISCAYNE BLVD., #608

CITY-ST-ZIP MIAMI, FL 33181

16. TITLE DIRECTOR ☐ DELETE

NAME MORELLA SALAZAR

STREET ADDRESS 12000 BISCAYNE BLVD., #608

CITY-ST-ZIP MIAMI, FL 33181

17. TITLE DIRECTOR ☐ DELETE

NAME ELIZABETH SANCHEZ

STREET ADDRESS 12000 BISCAYNE BLVD., #608

CITY-ST-ZIP MIAMI, FL 33181

1.1 TITLE

PRESIDENT/DIR.

☒ Change

☐ Addition

1.2 NAME

ELIZABETH SANCHEZ

1.3 STREET ADDRESS

1111 BISCAYNE BLVD., #1552

1.4 CITY-ST-ZIP

MIAMI, FL 33181

2.1 TITLE

Change

☐ Addition

2.2 NAME

500003343745-5

2.3 STREET ADDRESS

-08/02/00-01049-001

2.4 CITY-ST-ZIP

****300.00 ****300.00

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

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February 18, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314
ATTN: KATHY ASHTON

Dear Ms. Ashton:

I would like to take this opportunity to explain the reason for the delay in the filing of my annual report for EL HABITO, INC.

As of the date of this letter, I have not received by mail my form for filing the annual report. My business associates and I were unaware that we would need to file this report in order to maintain our corporate status.

Please accept the enclosed report along with a check for \$300.00 as our filing fee and reinstate EL HABITO, INC., as a Florida Corporation, with the assurance the I will comply with all future regulations as required by the Division of Corporations for the State of Florida.

I would sincerely appreciate any assistance that you could supply in resolving this matter. Please feel free to contact the undersigned if I may be of further assistance.

I remain, most appreciative,



ELIZABETH SANCHEZ
PRESIDENT, EL HABITO, INC..