

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90176 042 ***150.00

DOCUMENT # P98000088700

1. Corporation Name
FIRM SCLEMF, INC.

Principal Place of Business
10855 NW 29TH STREET
MIAMI FL 33172

Mailing Address
10855 NW 29TH STREET
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number
65-0869508

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

2. Principal Place of Business

21 10841 NW 29 STREET

2a. Mailing Address

26 10841 NW 29 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33172

Country

25 U.S.A.

Zip

29 33172

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

RIOS, GUADALUPE
10855 NW 29TH STREET
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name RIOS, GUADALUPE

82 Street Address (P.O. Box Number is Not Acceptable)
10841 NW 29 STREET

83

84 City MIAMI

FL

85 Zip Code 33172

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 of record 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 title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

PRESIDENT

04/26/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RIOS, GUADALUPE
STREET ADDRESS 10855 NW 29TH STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE VSTD ☐ DELETE

NAME ZERMENO, JORGE
STREET ADDRESS 10855 NW 29TH STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME RIOS, GUADALUPE
1.3 STREET ADDRESS 10841 NW 29 STREET
1.4 CITY-ST-ZIP MIAMI, FL 33172

2.1 TITLE V/S/T ☒ Change ☐ Addition

2.2 NAME ZERMENO, JORGE
2.3 STREET ADDRESS 10841 NW 29 STREET
2.4 CITY-ST-ZIP MIAMI, FL 33172

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 registered 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 attached list with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99

(305) 513-97-90

CR2E034 (11/98)