

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 # P98000092384**

1. Corporation Name  
**OLIVIA LEE, INC.**

Principal Place of Business  
**3161 SW 142ND AVE.  
MIAMI FL 33175**

Mailing Address  
**3161 SW 142ND AVE.  
MIAMI FL 33175**

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90110 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/30/1998**

4. FEI Number **65-0874112**  
Applied For ☐  
Not Applicable ☒

5. Certificate of Status Desired - ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 **5738 Sunset Dr.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Miami, FL**  
Zip Country  
24 **33143** 25  
2a. Mailing Address  
26 **5738 Sunset Dr.**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Miami, FL**  
Zip Country  
29 **33143** 30

9. Name and Address of Current Registered Agent

**SCHEER, EDWIN  
3161 SW 142ND AVE.  
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name **Edwin Scheer**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5738 Sunset Dr.**  
83  
84 City **Miami** FL 85 Zip Code **33143**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Edwin Scheer Pres. 2-25-99**

12. OFFICERS AND DIRECTORS

TITLE	PTVS	<input type="checkbox"/> DELETE
NAME	SCHEER, EDWIN	
STREET ADDRESS	3161 SW 142ND AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHEER, EDWIN	
STREET ADDRESS	3161 SW 142ND AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	same	
1.3 STREET ADDRESS	5738 Sunset Drive	
1.4 CITY-ST-ZIP	Miami, FL 33143	
2.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	same	
2.3 STREET ADDRESS	5738 Sunset Dr.	
2.4 CITY-ST-ZIP	Miami, FL 33143	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Edwin Scheer Pres. 2-25-99 305-6691605**

CR2E034 (11/98)