PROFIT **GORPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000092452

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90059 003 \*\*\*150.00

AZULEJ	OS OF MIAMI, INC.	,	•	·							
Principal Place	e of Business	Mailing Addr	ess			$\neg \neg$		Dill Baist Dusta I	UIIU () BE) U		0 1181 1081
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APT 20215		APT 20215									
HIALEAH FL 33016		HIALEAH FL 3	HIALEAH FL 33016				DO NOT WRITE IN THIS SPACE				
							<ol><li>Date Incorporated or Qualifed 10/30/1998</li></ol>				
2. Principal P	lace of Business	2a. Mailing A	Address	-			4. FEI Number		$\bowtie$	Applie	
21		26									pplicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.	-			5. Certifcate of Status Desired			<b>5</b> Add	
22		27	====					<u> </u>		Requi	
City & Stat	te	City & St	ate				6. Election Campaign Financing			00 ма	
23}		28					Trust Fund Contribution			ed to F	ees
Zip	Country	Zip	r	Count	try		8. This corporation owes the cur	rent year Inta		_	
24	25	29		30			Personal Property Tax.	D ( - 4 · ' ·	Yes		No
	9. Name and Address of Curre	ent Registered Age	ent		14 11		10. Name and Address of New	Registered /	Agent		
CLIO	AC MICHEL ID			,   *	Name						
	BAS, MIGUEL JR 6 WEST 60TH ST.			8	Street	Addres	s (P.O. Box Number is Not Accept	able)			
	20215			\ <u>-</u>	33	_					
	EAH FL 33016	0		`	23						
THE	ELPATTE GOOTO			Ē	4 City			FL	85 2	ip Cod	le .
	to the provisions of Sections 607.05										-into and
							s board of directors. I hereby acce				I
SIGNATURE	m familiar with, and accept the oblig		607.0505, Flor	ida Statuti	es.		hen reinstating)	. DATE			
-	Signature, typed or printed name of registered ag		607.0505, Flor	ida Statuti	es.			. DATE	D DIREC	CTORS	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable	607.0505, Flor	Registered A	es. gent signature r		hen reinstating)	. DATE		CTORS	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable	(NOTE:	Registered A	es. gent signature r		hen reinstating)	. DATE	D DIREC	CTORS	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered as OFFICERS A  D CUBAS, MIGUEL JR.	gent and title if applicable	(NOTE:	Registered A  13. 1.1 TITL 1.2 NAM	es. gent signature r		hen reinstating)	. DATE	D DIREC	CTORS	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A CUBAS, MIGUEL JR. 2186 WEST 60TH ST.	gent and title if applicable AND DIRECTORS	(NOTE:	Registered A  13. 1.1 TITU 1.2 NAM 1.3 STRI	es.  gent signature r  E  E  EET ADORESS -ST-ZIP		hen reinstating)	. DATE	D DIREC	CTORS ge	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A CUBAS, MIGUEL JR. 2186 WEST 60TH ST.	gent and title if applicable AND DIRECTORS	(NOTE:	Registered A  13.  1.1 TITLL  1.2 NAM  1.3 STRI  1.4 CITY	es. gent signature r  E  E  EET ADDRESS -ST-ZIP		hen reinstating)	. DATE	D DIREC	CTORS ge	BIN 12 ☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS A  D CUBAS, MIGUEL JR. 2186 WEST 60TH ST. HIALEAH FL 33016	gent and title if applicable AND DIRECTORS	(NOTE:	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM	es. gent signature r  E  E  EET ADDRESS -ST-ZIP		hen reinstating)	. DATE	D DIREC	CTORS ge	BIN 12 ☐ Addition
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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 in on an attachment with an address, with all other like empowered.

SIGNATURE: