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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90168 043 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000097465

1. Corporation Name
FULL POTENTIAL, INC.



Principal Place of Business
 8240 WEST 18TH LANE
 HIALEAH FL 33014

Mailing Address
 8240 WEST 18TH LANE
 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1998

4. FEI Number
65-0879461

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 **8240 W. 18 LANE DRIVE**

2a. Mailing Address
 26 **8240 W 18 LANE DRIVE**

22 Suite, Apt. #, etc.

23 City & State
HIALEAH, FL

24 Zip **33014** 25 Country

27 Suite, Apt. #, etc.

28 City & State
HIALEAH, FL

29 Zip **33014** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, LEONEL
 8240 WEST 18TH LANE
 HIALEAH FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8240 W 18 LANE DRIVE

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD**
HERNANDEZ, LEONEL

STREET ADDRESS **8240 WEST 18TH LANE**

CITY-ST-ZIP **HIALEAH FL 33014**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
P/T/D

1.2 NAME

1.3 STREET ADDRESS **8240 W. 18 LANE DRIVE**

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
S

2.2 NAME **ILEANA HERNANDEZ**

2.3 STREET ADDRESS **8240 W. 18 LANE DRIVE**

2.4 CITY-ST-ZIP **HIALEAH, FL 33014**

3.1 TITLE Change Addition
VP

3.2 NAME **MERCEDES HERNANDEZ**

3.3 STREET ADDRESS **5811 SW 196 LANE**

3.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33332**

4.1 TITLE Change Addition
AVP

4.2 NAME **KAROLYN HERNANDEZ**

4.3 STREET ADDRESS **8240 W 18 LANE DRIVE**

4.4 CITY-ST-ZIP **HIALEAH, FL 33014**

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.

SIGNATURE: *Leonel Hernandez* **PRESIDENT/DIRECTOR** **3/24/99** **(305) 824-1896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)