

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  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90168 043 \*\*\*158.75

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

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.

☐

☒ No

9. Name and Address of Current Registered Agent

HERNANDEZ, LEONEL  
8240 WEST 18TH LANE  
HIALEAH FL 33014

10. Name and Address of New Registered Agent

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 PD  
NAME HERNANDEZ, LEONEL  
STREET ADDRESS 8240 WEST 18TH LANE  
CITY-ST-ZIP HIALEAH FL 33014

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8240 W. 18 LANE DRIVE

1.4 CITY-ST-ZIP

2.1 TITLE S ☐ Change ☒ Addition

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 VP ☐ Change ☒ Addition

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 AVP ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 (305) 824-1896

Date

Daytime Phone #

CR2E034 (1/198)