**FILED** 

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90018 034 \*\*\*150.00

## 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

## P98000097548 DOCUMENT # 1. Corporation Name

CUITAMANI O CILVA ENTEDDDICEC INC

GOZIVA	N & SILVA EINTENFNISES, II								
Principal Place	e of Business	Mailing Address				{	il Buisi ubdir buid	<b>a 18</b> 50 f <b>anni b</b> an	
9050 PINES BL		9050 PINES BLVD.							
SUITE 450 SUITE 450									
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024						DO NOT WRITE IN THIS SPACE			
	4					3. Date Incorporated or Quali	fed		
						11/19/1998			<del></del>
Principal Place of Business     Za. Mailing Address						4. FEI Number		<del></del>	pplied For
21 26						65-0884954			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desire	1 🗆	•	Additional lequired
22 27 Situ 8 State									·
City & State City & State		<u></u>				6. Election Campaign Financi	<sup>ng</sup> 🗆		May Be
23 28		Country			Trust Fund Contribution			to Fees	
Zip	Country	Zip	_	у	-	8. This corporation owes the	current year in	tangible	¶ □No
24	25		30			Personal Property Tax.  10. Name and Address of Ne	w Panistarad		
·	9. Name and Address of Current	r Registered Agent	8-	1 Nar	Λ <u>ρ</u>	TU. Maille alla Address of Ne	Witegistered	Agent	
GON	IZALEZ, DON ESQ.		Ľ						
	PINES BLVD.		82	2 Stre	et Addre	ss (P.O. Box Number is Not Acc	eptable)		
	E 450		83						
	BROKE PINES FL 33024		*`	٦				. <u></u>	
			84	4 City			 FI	85 Zip	Code
	to the provisions of Sections 607.0502	1.007.4500.51-14-04-4-	- 45 5	<u> </u>		ration submits this statement for		e     f.changing.it	s registered
office or re	egistered agent, or both, in the State of manifer with, and accept the obligations.	of Florida. Such change was auf	tnorized by	v tne co	rporation	's board of directors. I hereby a	cept the appo	intment as r	egistered
- 0	· -			·S.					
SIGNATURE					rs required:	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Age		re required	when reinstating)  ADDITIONS/CHANGES TO	DATE OFFICERS A	ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F		ent signat	re required	when reinstating) ADDITIONS/CHANGES TO		ND DIRECT	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: FD DIRECTORS	Registered Age	ent signat	re required				
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PD GUZMAN, ELBERTO	t and title if applicable. (NOTE: FD DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signat					
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD GUZMAN, ELBERTO 9050 PINES BLVD., SUITE 450	t and title if applicable. (NOTE: FD DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signat					
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD GUZMAN, ELBERTO 9050 PINES BLVD., SUITE 450 PEMBROKE PINES FL 33024	t and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREE	ent signat					
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD GUZMAN, ELBERTO 9050 PINES BLVD., SUITE 450 PEMBROKE PINES FL 33024 VPD	t and title if applicable. (NOTE: FD DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ent signat				☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PD GUZMAN, ELBERTO 9050 PINES BLVD., SUITE 450 PEMBROKE PINES FL 33024 VPD VILLA, BLANCA	t and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signat	ss			☐ Change	Addition
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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 the 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.

64 C/TY-ST-ZIP

SIGNATURE:

02-01-99 Date

(954)432-1699