

1062

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE

Katherine J. Davis
Secretary of State
DIVISION OF CORPORATIONS

9400 UBR

FILED

00 JUN 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099372

1. Corporation Name

ALL PROFESSIONAL GROUP, INC.

Principal Place of Business

Mailing Address

1421 SW 8TH STREET - STE. 4B
MIAMI, FL. 33135

1421 SW 8TH ST. - Ste. 4B
MIAMI, FL. 33135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

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City & State

3. Date Incorporated or Qualified

NOV. 30/98

4. FEI Number

65-0878022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 | P | <input type="checkbox"/> DELETE |
| NAME | ISABEL V. MACHIN | |
| STREET ADDRESS | 8851 NW 119TH ST. # 5113 | |
| CITY-ST-ZIP | HIALEAH GARDENS, FL. 33018 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | JUAN FLORES | |
| STREET ADDRESS | 8430 NW 8TH STREET # 9 | |
| CITY-ST-ZIP | MIAMI, FL. 33126 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | JUAN PEDRO FALCON | |
| STREET ADDRESS | 955 SW 2ND. AVE. # 1510 | |
| CITY-ST-ZIP | MIAMI, FL. 33130 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 400003312554--9 |
| 2.3 STREET ADDRESS | -07/05/00--01020--003 |
| 2.4 CITY-ST-ZIP | ****150.00 ****150.00 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 400003312554--9 |
| 3.3 STREET ADDRESS | -07/05/00--01020--004 |
| 3.4 CITY-ST-ZIP | ****150.00 ****150.00 |
| 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 #

ALL PROFESSIONAL GROUP, INC.
1421 SW 8TH STREET - STE. 4B
MIAMI, FL. 33135
PH: (305) 858-0029

20/2
Attachment
P98000099372

June 6TH, 2000

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Ref.: P98000099372

Dear Sirs,

The purpose of this letter is to apply for your special consideration to my Corporation case, based on the following explanations:

My corporation was created and registered before your Division on November 30, 1998. I was not aware that once registered all Corporations are obliged to pay an annual renewal fee and my accountant, who was supposed to take care of all matters concerning my corporation's good standing, never told me about that.

Now when I decided to use the service of another accountant, I have been advised on that and therefore there should be a renewal fee due for 1999 which was never paid and also I am currently owing you the one corresponding to the current year 2000.

The new accountant explained me that some time before the beginning of a new year your Division uses to start sending to all the Corporation a printed form to expedite the renewal for that year. In my case no doubt that you sent it, but certainly I never received it because there is also another situation which has deprived me for complying with you in due time. The situation is that my own and all other businesses located in my area have been facing serious problems with the correspondence, which has been notified by written to the Head of the Post Office, copy of which I am enclosing herewith as a proof on what I am telling hereby.

In view of the above, please find attached blank forms filled out with my Corporation information as well as checks No. 1219 and 1220 for \$150.00 each to cover renewal fee for 1999 and 2000.

I hope that you will understand the above and will accept these payments.

Sincerely,

Isabel V. Machin

ALL PROFESSIONAL GROUP, INC.