FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

199**9**

Principal Place of Business

STREET ADDRESS

CHY-ST-7P



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # ₽

NON-STOP CORPORATION

1223 S.W. 138th Place

May 17, 1999 8:00 am Secretary of State

05-17-1999 90062 012 ***150.00



DO NOT WRITE IN THIS SPACE Miami, Florida 33184 Same 3. Date Incorporated or Qualified 2a. Mailing Address 4. FEI Number X Applied For 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Country Ζιρ Country Zıp 8. This corporation owes or has paid the current year Intangible ∐ Yes Personal Property Tax due June 30. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Anabel Gracia Street Address (P.O. Box Number is Not Acceptable) 1223 S.W. 138th Place 83 Miami, Florida 33184 City Zip Code 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE PD 1.2 NAME Anabel Gracia 1.3 STREET ADDRESS STREET ADDRESS 1223 S.W. 138th Place <u>Miami, Florida 33184</u> 14 CITY-ST-ZIP CHY-S1-ZIP Addition DELETE Change 21 TITLE TIFLE NAME 2.2 NAME Alejandro Alvarez 2.3 STREET ADDRESS STREET ADDRESS 1223 S.W. 138th Place 2 4 Cily - SI - ZiP CITY - ST - ZIP <u> Miami, Florida 33184</u> Change Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHY-ST-ZIP CITY-ST-DR Change ___ Addition DELETE HGE 4.1 TITLE NUME 4. 2 NAME STIGET ADDAESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP Citis 51-5P Change ☐ DELETE Addition 5 1 TITLE mille HAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE hite. 6.1 TITLE 6.2 NAME N/ ME

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it char

6.3 STREET ADDRESS