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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90162 001 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000105634

1. Corporation Name
TAMIAMI #59, INC.



Principal Place of Business

10041 PINES BLVD. STE. C
PEMBROKE PINES FL 33024

Mailing Address

10041 PINES BLVD. STE. C
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

65-0891325

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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.

X

Yes

[] No

2. Principal Place of Business

21 8675 NW 53 St

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 109

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

Zip

24 33166

County

25 Dade

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WELTER, DENISE
10041 PINES BLVD. STE. C
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

MAXIMO ALVAREZ

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

8675 NW 53 St, Ste 109

83

84 City

MIAMI

FL

85 Zip Code

33166

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:

Maximo Alvarez

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 26, 1999

12. OFFICERS AND DIRECTORS

TITLE STP ☒ DELETE
NAME WELTER, DENISE
STREET ADDRESS 10041 PINES BLVD. STE. C
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/N/T/S/D ☐ Change ☒ Addition
1.2 NAME MAXIMO ALVAREZ
1.3 STREET ADDRESS 8675 N.W. 53 ST SUITE 109
1.4 CITY-ST-ZIP MIAMI, FLA 33166 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

Maximo Alvarez

4-26-99

305-477-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (11/98)