

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

DOCUMENT # P98000107311

1. Corporation Name

SOUTH FLORIDA CUTS AND DESIGN, INC.

Principal Place of Business

14255 S.W. 287TH STREET
HOMESTEAD FL 33033

Mailing Address

14255 S.W. 287TH STREET
HOMESTEAD FL 33033

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90005 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1998

4. FEI Number

X 65-0885225

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. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VENTURA, ENRIQUE J JR.
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

James M. Guest, CPA, P.A.

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

15600 S.W. 288 St. #310

83

84 City

Homestead

FL

85 Zip Code

33033

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
VILLANUEVA, ROSEMARIE
STREET ADDRESS 14255 S.W. 287TH STREET
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ DELETE

NAME VP
COLON, MICHAEL
STREET ADDRESS 14255 S.W. 287TH STREET
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

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:

KIDONOVU VILLANUEVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-99

305 992-8674

Date

Daytime Phone #

CR25034 (11/98)