## 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 # P98000107521 1. Corporation Name

HOEFLINGER & CHIARINI, INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90191 022 \*\*\*150.00

Principal Place of Business		Mailing Address				411 <b>48</b> 111 1 <b>884</b> 2 87118 1	11001 1001	
1777 SW 3 AVENUE		1777 SW 3 AVENUE						
MIAMI FL 33129		MIAMI FL 33129			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	1110 01 7102	
						12/29/1998		
2. Principal F	Place of Business	2a. Mailing Address				4 FELMINARAN	Aı	plied For
21		26			65-0884600	_ No	nt Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27			5. Germane of clause beamer	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00		
23		Zip Country			Trust Fund Contribution Added o Fees			
Zip Col ntry		Zip				8. This corporation owes the current year intangible Personal Property Tax.		
24	9. Name and Address of Currer		30			Personal Property Tax.  10. Name and Address of New Register		- LINO
	5. Name and Address of Carrel	it Registered Agent	81	Name		IV. Italiis and Address of Item Register	eu Agent	
KING	CADE, TIMOTHY S ESQ.		Ľ.					
	CADE BUILDING		82	Street	Addres	ss (P.O. Bcx Number is Not Acceptable)		ļ
1370 CORAL WAY			83					
MIAMI FL 33145-2960								
			84	City		1	5. L 85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above	-named	д согрог	ation submits this statement for the purpose		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 obliga ions of, Section 607.0505, Florida Statutes.								
		rions of, dection our tosos, i lo	noa Statutes	•				3
SIGNATURE	Signature, typed or printed n ime of registered agei	r t and title if applicable. (NO E:	Registered Agen	l signature	rec uired w	men reinstating DATE	- <del></del>	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	11 TITLE		l		Change	☐ Addition
NAME	IZARNOTEGUI, MARIA		1.2 NAME		}			
STREET ADDRESS	1777 SW 3 AVENUE		1.3 STREET	ADDRESS	3			
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST	-ZIP	↓			
TITLE	VTD	☐ DELETE	2.1 TITLE		1		Change	Addition
NAME	CHIARINI, ALEXANDRA		2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS	}			
CITY-ST-ZIP	MIAMI FL 33129	T DELETE	2. 4 CITY-S	T-ZIP	<b>↓</b>			
TITLE	VSD	☐ DELETE	3.1 TITLE		1		☐ Change	Addition
NAME	HOEFLINGER, VERONICA		3.2 NAME					İ
1	1777 SW 3 AVENUE		3.3 STREET		1			ļ
CITY-ST-ZIP	MIAMI FL 33129	☐ DELETE	3.4. CITY-S 4.1 TITLE	I-ZIP	+		Change	Addition
	SAENZ, GUSTAVO JR.	C Deterie	4.1 IIICE 4.2 NAME				□ clialige	
	1777 SW 3 AVENUE		1	ADDDCCC				
CITY-ST-ZIP	1777 SW 3 AVENUE   MIAMI FL 33129		4.3 STREET 4.4 CITY- ST		1			
TITLE	WILAWI   1 L 33   29	☐ DELETE	5.1 TITLE	-219	<del> </del>		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S1					J
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		$\vdash$		Change	Addition
NAME			6.2 NAME		}		_ •	_
STREET ADDRESS			6 3 STREET	ADDRESS	.			
C/TY-ST-ZIP			6.4 CITY-S1	-ZIP				

14. I hereby certify that the information supplied with this filling 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 1.3 or Block 13 if changed, or on an attachment with an address, with all offer like empowered.

SIGNATURE: