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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

S13715

(5)

SUDS, INC. OF HIALEAH

FILED

Feb 18 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				- 1 18811810 104 18800 1781 10001 18801 0141 01011 08014 01011 08011 01011 01011	
2900 WEST 2ND AVENUE 2900 WEST 2ND A HIALEAH FL 33012 HIALEAH FL 33012					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address					11/16/1990 4. FEI Number Applied For
21	26			4. FEI Number Applied For Street Applied For Not Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$9.75 Additional
27					5. Certificate of Status Desired Fee Required
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be
23 Zin	Country	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current		30		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
ECHEVERRIA, RAUL 81 Name					(b) Traine and Address of trew Registered Agent
	791 SW 27 STREET		L		
MIAMI, 33175			8	2 Street Ado	dress (P.O. Box Number is Not Acceptable)
***			8	3	
			8	1 ' '	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ve-named cor	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	im fam iliar with, an d a ccept the obligat	ii Florida. Such change was au ions of, Section 607.0505, Flor	itnorizea i ida Statut	by the corpora es.	ation's board of directors. Thereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent			gent signature requ	ulred when reinstating) DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	ECHEVERRIA, RAUL	C. Deterie	1.2 NAME		L Change Addition
STREET ADDRESS	11791 SW 27 STREET			T ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175		1.4 CITY -		
TITLE	V	DELETE	2.1 TITLE	31-211	☐ Change ☐ Addition
NAME	VALLE, JOSE		2.2 NAME		
STREET ADDRESS	3200 PONCE DE LEON BLVD.		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY	ST-ZIP	
TITLE	18	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ECHEVERRIA, MARGARITA		3.2 NAME		
STREET ADDRESS	11791 SW 27 STREET		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175		3.4. CITY-	ST-ZIP	
TITLE		L. DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAMI		
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP		DELET E	4.4 CITY	ST-ZIP	
TITLE NAME		₩ Dereie	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME	T ADDRESS	
CITY-ST-ZIP				T ADDRESS	
TITLE		DELETE	5.4 CITY- 6.1 TITLE	31-212	☐ Change ☐ Addition
NAME		→	6.2 NAME		C orange C Addition
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			6.4 CiTY-		

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 expectation or the receiver or fluster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.