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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S27338

(0)

NANCY & LILY, CORP.

FILED	
Apr 22 1998 8:0	)0am
Secretary of S	tate

Principal Place	e of Business	Mailing Address		T 100 HEALD THE 19019 HOURS INTO HINDH HOUR GIVEN GROWN GROWN GROWN GROWN FOR A
14770 SW 561 MIAMI FL 3318 US		9010 SW 137TH AVE #215 Suite 113 Miami Fl 33186 US	9	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
				01/25/1991
<del></del>	flace of Business	2a. Mailing Address		4. FEI Number Applied For
21 Suite Ass		26 Cuito Aut 4 sto		65-0239521   Not Applicable
Suite, Apt	#, eic.	Suite, Apt. #, etc.		<b>5.</b> Certificate of Status Desired S8.75 Additional Fee Required
City & State	e	City & Stato		6. Election Campaign Financing \$5.00 May Be
23		28]		Trust Fund Contribution Added to Fees
Ζip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	the state of the s	30	Personal Property 1ax due June 30. Yes No
	9. Name and Address of Curre	ant Registered Agent	61 Name	10. Name and Address of New Registered Agent
	NDOZA, LILY			
	175 SW 19TH LANE #161		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
Mics	MI FL 33175		83	
			84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Stalute	s, the above named corp	poration submits this statement for the purpose of changing its registered
agent. Lar	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Horida. Such change was a igations of, Section 607.0505, Flo	uthorized by the corporali rida Statutes.	lion's board of directors. I hereby accept the appointment as registered
SIGNATURE	All Succes		be frusila	T 04/17/98
			Hegistered / gent signature require	red when reinstating) DATE  ADDITIONS OF AND DIRECTORS IN 12
<b>12.</b> TITLE	DPT [DPT	ND DIRECTORS	13. 11 DILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	MENDOZA, LILY	L. J. William	1.2 NAME	בין Change בין המטונטה
STREET ADDRESS	11875 SW 19TH LANE		1.3 STHEET ADDRESS	
CITY-S1-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DETETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAAVEDRA, NANCY		2.2 NAME	
STREET ADDACSS	11875 SW 19TH LANE		2.3 STREE1 ADDRESS	
CITY-ST-ZIP	MIAMI FL		2 4 CITY - ST - ZIP	
TITLE		☐ DETETE	3.1 TITLE	☐ Change ☐ Addilion
NAME			3 2 NAME	ł
STREET ADDRESS			3 3 STREET ADDRESS	I
CITY-ST-ZIP TITLE		DECETE	34. CHY-ST-ZIP 41 TITLE	Change Addition
NAME			4. 2 NAME	La Orango La risolitori
STREET ADDRESS			4.3 STREET ADDRESS	1
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STHEFT ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	l
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	with that the internation complied	with this tiling dose not mustify to	64 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated e officer or c	on this annual report or supplemen	ital annual report is true and accurate or trustee empowered to ear	irate and that my signatur	re shall have the same legal effect as if made under oath, that I am an ulred by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

(300)388-0108