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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # \$54004

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

04-29-1999 90061 025 \*\*\*150.00

DOCUI	MENT # <b>\$5409</b> 4	ļ		
I. Corporation	COVERY CORPORATION			
HILL OF	COVERT CORFORATION			I TRAKTOR IRI CINK BIRKI CRIM IRIN BIRKA BIRK BIRK BIRK BIRKI BIRK BIRKI BIRKI BIRKI
Principal Flace	e of Business	Mailing Address		
450 W 28TH ST		15212 SW 148TH CT.		
HIALEAH FL 33010 MIAMI FL 33187-5525				DO NOT INDITE IN THIS SPACE
US		U\$		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
				05/20/1991
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0264138 No: Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22		27		Fee Required
City & 5 tat	e- :-	City & State	<u>-</u> -	6. Electic n Campaign Financing \$5.00 May Be
23			Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	25 9. Name and Address of Curre		0	10. Name and Address of New Registered Agent
	5. Walle and Auction C. Walle		81 Name	CASTILO, PEDRO I
CASTILLO, PEDRO I.			82 Street	Address (P.O. Bo) Number is Not Acceptable)
9908 HAMOCKS BLVD.			62 3116617	15212 S.W. 148 CT
#106			83	
MIAN	MI FL 33196		84 City	/ 85 Zip Code
	$\sim$		1 1 1	1/11/2/11 FI    33/27
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or rporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent. I am amiliar with, and accept the obligations of Section 607.0505, Florida Statutes.				
agent. I am amiliar with, and a cept he obligations of Section 607.0505, Florida Statutes.				
SIGNATURE	who I pur	acco	IRES/OC egistered Agent signature re	4-23-93
12.		ent and title if applicable (NOT 1: R N[) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF S IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	Change Addition
NAME	CASTILLO, PEDRO I.		1.2 NAME	
STREET ADDRE 3S	15212 SW 148TH CT.		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	D	<b>₩</b> DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, BERTA		2.2 NAME	
STREET ADDRESS	15212 SW 148TH CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	DELETE	2.4 CITY-ST-ZIP	Change ☐ Addition
TITLE	CASTILLO DEDDO IVAN	□ oereie	3.1 IIILE 3.2 NAME	CASTILLO, PED 20 IVAN 1876 HANNOCKS BLVD. # 101
NAME STREET ADDRESS	CASTILLO, PEDRO IVAN 8804 SW 149TH AVE.		3.3 STREET ADDRESS	9876 HAMMOCKS BLVD. # 101
CITY-ST-ZIP	MIAMI FL		24 CITY OF ZID	AMAAA EI 32196
TITLE	47412 (FFEF 1 tm	☐ DELETE	4.1 TITLE	Maddition Castillo, Francisco Javisa Change Maddition 14905 5.00. 304 72 tomestead, FL 33033
NAME			4. 2 NAME	CASTILLO, FRANCISCO VAVIER
STREET ADDRES S			4.3 STREET ADDRESS	14905 S.W. 304 /K
CITY-ST-ZIP			4 4 CITY-ST-ZIP	Homestead, FL 33033
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		□ ociere	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
TITLE		☐ DELETE	6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			64 CITY-ST-ZIP	
CITY-ST-ZIP	1		0 4 OH 1 - 01 - 4F	

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 of supplemental a mual 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 inchapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

KEDRO I CASTILLO

4-23-99

305 FF 3-4429 Daytime Phone #