

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 # S69536

i. Corporation Name  
PRESTAMO ENTERPRISES, INC.

Principal Place of Business

795 WEST 16TH LANE  
HIALEAH FL 33012

Mailing Address

5795 WEST 16TH LANE  
HIALEAH FL 33012

FILED  
Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90134 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

PRESTAMO, SERGIO  
5795 WEST 16TH LANE  
HIALEAH FL 33012

3. Date Incorporated or Qualified

07/30/1991

4. FEI Number

65-0298797

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD PRESTAMO, CARMEN L 5795 WEST 16TH LANE HIALEAH FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD PRESTAMO, CARMEN G 5795 WEST 16TH LANE HIALEAH FL	<input type="checkbox"/> DELETE	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 persons empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)