

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 # S74803

1. Corporation Name

FATHER & SON, INC. OF SOUTH FLORIDA

Principal Place of Business

3551 NORTH WEST 15TH STREET
SUITE B
LAUDERHILL FL 33311

Mailing Address

3551 NORTH WEST 15TH STREET
SUITE B
LAUDERHILL FL 33311

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90169 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1991

4. FEI Number

65-0282910

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

2. Principal Place of Business

21 1000 Washington St.

Suite, Apt. #, etc.

22

City & State

23 Hollywood FL

Zip Country

24 33019 25

2a. Mailing Address

26 1000 Washington St.

Suite, Apt. #, etc.

27

City & State

28 Hollywood FL

Zip Country

29 33019 30

9. Name and Address of Current Registered Agent

PORCARO, JOHN
3551 NORTH WEST 15TH STREET
SUITE B
LAUDERHILL FL 33311

10. Name and Address of New Registered Agent

81 Name John Porcario

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

1000 Washington St.

83

84 City Hollywood

FL

85 Zip Code 33019

11. 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 re-registering)

DATE

John Porcario Registered Agent 4/29/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME SILVETTI, FILEMENA
STREET ADDRESS 3551 NW 15 ST
CITY-ST-ZIP LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME F. Ilemena Porcario
1.3 STREET ADDRESS 1000 Washington St
1.4 CITY-ST-ZIP Hollywood FL 33019

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (954) 920-9862

Date

Daytime Phone #

CR2E034 (11/98)