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

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90190 022 ***150.00

DOCUMENT # S76468	}			
AGUIAR ENTERPRISES, INC.			Ì	
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Principal Place of Business	Mailing Address		4 (88)(8)8 (1) (88)8 8()() 6(8) 8(4) 8(4)	it etêtt bibit etett etett etett tet
3590 NW 36TH ST.	3590 NW 36TH ST.			
MIAMI FL 33142	MIAM! FL 33142		DO NOT WRITE IN TH	HE PRACE
			3. Date Incorporated or Qualifed	IIS SPACE
			08/26/1991	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0289003	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
24 25		0	Personal Property Tax.	Yes No
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registers	ed Ageqt
ACHIAD ODLANDO I		81 Name	ARM AGUIAR	
AGUIAR, ORLANDO L.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<u></u>
MIAMI FL 33142		<u> </u>	-90 N.W. 3677	JT
MIAMI PL 33142		83		
1		84 City M 1	Am I F	L 85 Zip Code 3 3 (4')
5 (9)	00 - 1007 4507 Ft. 11 - 01 - 14-	1777	F	
11. Pursuant to the provisions of Sections 607.050 office of the gistered agent, or both, in the State	of Florida. Such change was aut	s, the above-hamed corp horized by the corporation	on's board of directors. I hereby accept the app	pointment as registered
agent (am familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.		
SIGNATURE Signature, typed or printed name of registered age	at and title of applicable (NOTE: 6	Registered Agent signature require	d when rejustating) DATE	,
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE DP	☐ DELETE	1.1 TITLE P	5-7-3	☐ Change ☐ Addition
NAME AGUIAR ORLANDO L.		1.2 NAME	MARTA AGUIAR	N
STREET ADDRESS 445 W 41ST PLACE		1.3 STREET ADDRESS	MARTA AGUIAR PLACE 445 W. 41ST PLACE HACRAH FL. 33	
CITY-ST-ZIP HIALEAH FL		1.4 CITY-ST-ZIP	HACRAH FL. 33.	0/2:
TITLE	X DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME - AGUIAR, ORLANDO L		2.2 NAME	r to	٠, .
STREET ADDRESS 445 W 41ST PLACE		2.3 STREET ADDRESS		· .
CITY-ST-ZIP HIALEAH FL		2. 4 CITY-ST-ZIP	<u> </u>	
TITLE	☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		Change C Addition
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		•
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	5.1 TITLE 5.2 NAME		
NAME		5.3 STREET ADDRESS		}
STREET ADDRESS		I i		
CITY-ST-ZIP	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	□ nerese	6.2 NAME	·	
NAME		6.3 STREET ADDRESS		•
STREET ADDRESS		S.S GIRCLI ADDINESS		ŀ

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 perbition 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 dorporation or the receiver or trustee empowered to execute this report as required by charger 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.