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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90190 022 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # S76468

1. Corporation Name

AGUIAR ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3590 NW 36TH ST.
MIAMI FL 33142

Mailing Address
3590 NW 36TH ST.
MIAMI FL 33142

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/26/1991

4. FEI Number
65-0289003

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing -- ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
AGUIAR, ORLANDO L.
3590 NW 36TH ST.
MIAMI FL 33142

10. Name and Address of New Registered Agent
81 Name MARTA AGUIAR
82 Street Address (P.O. Box Number is Not Acceptable) 3590 N.W. 36TH ST
83
84 City MIAMI FL 85 Zip Code 33142

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, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	AGUIAR, ORLANDO L.	445 W 41ST PLACE	HIALEAH FL	<input type="checkbox"/>
ST	AGUIAR, ORLANDO L.	445 W 41ST PLACE	HIALEAH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P-S-T-D	MARTA AGUIAR	445 W. 41ST PLACE	HIALEAH, FL. 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 3/2/99 DAYTIME PHONE #: 305-638-8588

CR2E034 (11/98)