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 Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90059 024 ***150.00

1. Corporation	MENT # S87674 D'S CHERRY CORP.	•					
Principal Place of Business Mailing Address					רומנש ומנה ווספר ווונים שופטו וונמני ומני פושוניסטו ו	Bisii sibii sibii o	וספו וושום נוסו
12756 S.W. 88 STREET MIAMI FL 33186		12758 S.W. 88 STREET MIAMI FL 33186		DO NOT WRITE IN THI	S SPACE		
US		US			3. Date Incorporated or Qualifed	<u> </u>	
					10/15/1991		}
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	Apı	plied For
26		26			65-0290303	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27					5. Certificate of diatus besired	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country	/	8. This corporation owes the current year in	ntangible	J.
24	25		30		Personal Property Tax.		∑ No
	g, Name and Address of Currer	t Registered Agent	94	Mama	10. Name and Address of New Registered	I Agent	
MAC	EDO, CARLOS		81	Name			_]
	SW 40TH ST		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUITE 3			00				
MIAMI FL 33165			83				
tare-to	m 1 C 00 100		84	City	Fi	85 Zip C	Code
11. Pursuant	to the provisions of Sections 687.050	2 and 607.1508, Florida Statute	s, the above	e-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur	of changing its	registered gistered
agent. I a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				20/044/	3	
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I ID DIRECTORS		nt signature require	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	PS IN 12
TITLE	PTD	DELETE	13. 1.1 TITLE		ADDITIONS/CFANGES TO OFFICE NO A	Change	Addition
NAME	AGUERO, JUAN V	- -	1.2 NAME				į
STREET ADDRESS	12758 SW 88TH STREET			T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		14 CITY-5	- [l
TITLE	ma viii 1 E oo loo	☐ DELETE	2.1 TITLE	"		☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			ſ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE 3.				☐ Change	Addition
NAME		~	3.2 NAME	- ~-			
STREET ADDRESS			3.3 STREE	T ADDRESS			ľ
CITY-ST-ZIP			3,4, CITY-	1			
TITLE		☐ D€LETE	4.1 TITLE			☐ Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		[7] CL:	
TITLE			5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	T ADDRESS	•		Ì
STREET ADDRESS			5.4 CITY-S	T ADDRESS			[
CITY-ST-ZIP	 	DELETE	6.1 TITLE	11-21		Change	Addition
TITLE		C) Drecis	6.2 NAME	}			
NAME				TADORESS			ļ
STREET ADDRESS			6.4 CITY-8	1			ĺ
CITY-ST-ZIP	l		0.7 011 176	/ [

14. Thereby 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 struct 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 ampowered 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:

SHATURE AND WPED OF PRINTED HAME DESCRING OFFICER OR DIRECTOR

(3ar) 386 -0822 Daytime Phone #