CORPORATION ANNUAL REPORT

1999

DOCUMENT # \$98285



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90109 005 ***150.00

OTTICE DOD!	SHOP, INC.												
1.			·					-		idi dili bibi			
Principal Place of Bu	isiness		g Address										
3503 NW 71ST ST. P.O. BOX 3051 MIAMI FL 33147 PIALEAH FL 33013											•	•	
MIAMI FL 33147		US	III 1 E 30013					DO 1	NOT WRI	TE IN TH	S SPACE	<u> </u>	
		**						3. Date Incorporated or	Qualifed				
								12/05/1991					
2. Principal Place of	Business	2a. Ma	iling Address			•		4. FEI Number				App	lied For
21		26						65-0304172					Applicable
Suite, Apt. #, etc.		27 Sui	ite, Apt. #, etc.					5. Certifcate of Status D	esired			75 Ac e Req	ditional uired
City & State		Cit	y & State	-				6. Election Campaign F	inancing		\$5	.00 N	lay Be
23		28						Trust Fund Contribut	on		Ad	ded to	Fees
Zip	Country	Zip)	Cot	untry			8. This corporation owe	s the curr	ent year l	_		
24	25	29		30				Personal Property Ta			∐Yes	L	□No
9.	Name and Address of Curre	nt Registere	d Agent		1	N		10. Name and Address	of New F	Registere	d Agent		
CACEBEE	ALDEDTO A				81	Nan	l e						
	, alberto a. 71st street				82	Stre	et Addre	ess (P.O. Box Number is N	t Accepta	able)			
MIAMI FL								· · · · · · · · · · · · · · · · · · ·					
MIMMI FL	33147				83								
					84	City				F	L 85	Zip C	ode
11 Pursuant to the	provisions of Sections 607.05	02 and 607.1	1508, Florida Stat	utes, the a	above	e-nam	ed corpo	pration submits this stateme	nt for the	purpose	of changi	ng its r	egistered
office or register	provisions of Sections 607.05 red agent, or both, in the State iliar with, and accept the oblig	ant Horida S	such change was	aumonze	CI LIV	THE CL	rporatio	n's board of directors. I her	eby accer	ot the app	ointment	as reg	istered
				ioriaa ota		•							i
SIGNATURE	the day and a series of societies and an						n required	when reinstating)		DATE			
Signatui	re, typed or printed name of registered ago	ent and title if appl	licable. (NO	TE: Registered	d Agent		Deniupen en	when reinstating) ADDITIONS/CHANGE	S TO OF	DATE FICERS /	AND DIRE	СТОР	RS IN 12
Signatur	OFFICERS A	ent and title if appl	licable. (NO		d Agent		re required	when reinstating) ADDITIONS/CHANGE	S TO OF		AND DIRE		RS IN 12
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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 chapter or an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: