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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V13218

1. Corporation Name
FELICIA ENTERPRISES, INC.



Principal Place of Business
9760 SW 24 STR
MIAMI FL 33135
US

Mailing Address
9760 SW 24TH ST
MIAMI FL 33165
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

4. FEI Number

65-0310682

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 6482 W. FLAGLER ST.
Suite, Apt. #, etc.

2a. Mailing Address
26 6482 W. FLAGLER ST.
Suite, Apt. #, etc.

22 City & State
23 MIAMI FLA.
Zip Country
24 33144 25 DADE

27 City & State
28 MIAMI FLA.
Zip Country
29 33144 30 DADE

9. Name and Address of Current Registered Agent

GOMEZ, ALCIDES
13335 N.W. 10 TERR.
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name GOMEZ VERONICA
82 Street Address (P.O. Box Number is Not Acceptable)
13335 N.W. 10 TERRACE
N
83
84 City MIAMI FL 85 Zip Code 33182

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

Veronica Gomez
Signature, typed or printed name of registered agent and title if applicable.

VERONICA GOMEZ
(NOTE: Registered Agent signature required when reinstating)

JAN. 13-1999
DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE
NAME GOMEZ, ALCIDES
STREET ADDRESS 13335 N.W. 10 TERR.
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME GOMEZ, VERONICA
STREET ADDRESS 13335 NW 10 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.T.S. ☒ Change ☐ Addition
1.2 NAME GOMEZ VERONICA
1.3 STREET ADDRESS 13335 N.W. 10 TERRACE
1.4 CITY-ST-ZIP MIAMI FLA. 33182

2.1 TITLE S.F.P. ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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: *Veronica Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13-1999
Date Daytime Phone #

CR2E034 (11/98)