FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1000



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 90068 014 ***158.75

	1333								
DOCU	IMENT # V29233	}							
FNVIRO	PRO CORPORATION								
2						1 18811 BITTE HERE 18119 (1894		I SIBIL BIBLI BIBLI B	11611 Grant (86)
Principal Place of Business Mailing Address						-		i digii diali bibii d	
340 NW 132ND AVE 340 NW 132ND AVE									
MIAMI FL 3318	02	MIAMI FL 33182							
						DO NOT WR		IS SPACE	
						3. Date Incorporated or Qualifed 04/16/1992	ı		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21		26				65-0326004		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75	Additional
22 27						5, Certificate of Status Desired		Fee Re	quired
City & State City & State						6. Election Campaign Financing		\$5.00	
23 28 Zip Country Zip			0			Trust Fund Contribution		Added t	o Fees
24	Country Zip			untry		8. This corporation owes the cur	rent year l	-	п.
24	25 29 :					Personal Property Tax. 10. Name and Address of New	Danietana		□No
	3. Name and Madical and an extra	it registered Agent		81 Nam	10	10. Haille alla Address Or Hew	vealstere	u Agent	
PERDOMO, MIRIAM									
340 NW 132ND AVE				82 Stre	et Addres	ss (P.O. Box Number is Not Accept	able)		
MIAMI FL 33182				83					
				84 City					
							F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the a	bove-name	ed corpor	ation submits this statement for the	DUITDOSA	of changing its	registered
onice or i	registered agent, or both, in the State arm familiar with, and accept the obliga	of Florida. Such change was	authorize	d by the co	rporation	's board of directors. I hereby acce	pt the app	ointment as reg	gistered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·								}
	Signature, typed or printed name of registered age		TE: Registered	Agent signatu	re required w	hen reinstating)	DATE		
12.	PD OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		
	PERDOMO, MIRIAM	☐ DELETE	1.1 TI					Change	☐ Addition
NAME	340 NW 132ND AVE		1.2 N						
STREET ADDRESS	MIAMI FL 33182			REET ADDRES	SS				
CITY-ST-ZIP TITLE	IIIIAMI L 33 02	DELETE	1.4 Cl	TY-ST-ZIP				☐ Change	Addition
NAME		- Veterie	2.1 (I 2.2 N			6		☐ Change	[Addition
STREET ADDRESS				REET ADDRES	e	4			-
CITY-ST-ZIP				ITY-ST-ZIP	33			- **	`
TITLE		☐ DELETE	3.1 Ti			, ma_u_		Change	☐ Addition
NAME			3.2 N	ME					
STREET ADDRESS				REET ADDRES	ss				
CITY-ST-ZIP				ITY-ST-ZIP					
TITLE		☐ DELETE	4.1 17					☐ Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET ADDRES	ss				
CITY-ST-ZIP			4.4 CF	TY-ST-ZIP					<u> </u>
TITLE		☐ DELETE	5.1 ™					☐ Change	Addition
NAME			5.2 NA						
STREET ADDRESS				REET ADDRES	s				
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		☐ DELETE	6.1 111					Change	☐ Addition
NAME			6.2 NA	WE	1				

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 angual 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 attaonment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-223-6702