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

DOCUMENT # V55730

1. Corporation	1VI = 1V # V55/3(J					
	CORPORATION, INC.						
JOHOA	OOTH OHATION, INC.				n namn annan anna á na á áirin sá	- 1994 (* 1964 (* 1964 (* 1964)) 1965 (* 1964) 1965 (* 1964) 1965 (* 1964) 1886 (* 1964) 1886 (* 1964) 1866 (* 1964) 1866 (* 1964) 1866 (* 1964) 1866 (* 1964)	
1 1 1							
Principal Plac	e of Business	Mailing Address			- I LAMAN MITAMS MISMS MENIT IM	100 1151 0034 01011 05050 01011 051 051 051 0555 051 051	
3720 E 4TH A		3720 E 4TH AVE			• : '		
HIALEAH FL 3		HIALEAH FL 33013			•		
		-			DO NOT V	WRITE IN THIS SPACE	
				•	3. Date Incorporated or Quali 08/06/1992	fed s	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 (69.4)		26		65-0354076	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗆 \$8.75 Additional	
22 · ()fi		27				Fee Required	_
City & State		City & State		6. Election Campaign Finance			
23 Hill		28			Trust Fund Contribution	Added to Fees	
— ^{ლო} ქლ	Country	Zip	Country	'	8. This corporation owes the	current year Intangible	
24	9. Name and Address of Curre	29 3	<u> </u>		Personal Property Tax. 10. Name and Address of No.		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of Ne	THE RESIDENCE OF THE PROPERTY	
PEF	REZ, EROTIDA C.					THE REPORT OF THE REPORT OF THE PARTY OF THE	
3720 E. 4TH AVENUE			82	Street Add	ress (P.O. Box Number is Not Acc	eptable)	
	LEAH FL 33013		83		9 - 20 - 20 - 3 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4	· 持一、月、安全、新工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工	
· 1		•			12、15%。 基础基础	於 [16] [15] [16] [16] [16] [16] [16] [16] [16] [16	
- Palitaili			84	City		85 Zo Code	
44 Directant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the abov	e-named corr	noration submits this statement for	the purpose of changing its registered	
office or	registered agent, or both, in the State	of Florida. Such change was aut	horized by	the corporati	ion's board of directors. I hereby a	the purpose of changing its registered coept the appointment as registered	
agentila	am familiar with, and accept the oblig	ations of, Section 607.0505, Florid	ia Statutes	i.	· ·		
SIGNATURE	Signature, typed or printed name of registered ag				ed when reinstating)	DATE	
12.		ND DIRECTORS	13.			OFFICERS AND DIRECTORS IN 12	
TITLE (1)	D	☐ DELETE	1.1 TITLE		REC 25 4 73	Change Addition	
NAME	PEREZ, EROTIDA C		1.2 NAME		, , , , ,		
STREET ADDRESS	3720 E 4TH AVE	•	1.3 STREE	TADDRESS		. I	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-S	T-ZIP			
TITLE (1)	D	☐ DELETE	2.1 TITLE		1	☐ Change ☐ Addition	
NAME	PEREZ, JORGE L		2.2 NAME		-		
STREET ADDRESS	3720 E 4TH AVE	•	2.3 STREE	TADDRESS		1	
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-5	ST-ZIP		4 4	
TITLE		☐ DELETE	3.1 TITLE		1	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS	TO THE STATE OF TH		3.3 STREE	TADDRESS	A STATE OF LAND		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	State State	图	
TITLE IN THE		☐ DELETE	4.1 TITLE			Change III Addition	
NAME		•	4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS	1		
STREET ADDRESS CITY-ST-ZP			4.4 CITY-S	T- ZIP			
TITLE		□ NELETE	5.1 TITLE			Change Addition	
NAME		☐ DELETE		'			
STREET ADDRESS		☐ DELETE	5.2 NAME		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2 LYCE LYDDIVE 32		☐ DEFE (E	5.2 NAME	TADDRESS	•		
CITY-ST-ZIP.	ō	Delete	5.2 NAME		500 118 5 55 185073		
14	E.	☐ DELETE	5.2 NAME 5.3 STREE		•	☐ Change ☐ Addition	7 9 7

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

15/99

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90081 049 ***150.00

11 Daytime Phone

R2E034-(11/98)