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 # V57210

1. Corporation Name

MIAMI RICHARD GRADING INC.

Principal Place of Business Mailing Address				••	T 100 (1 01130) Bittle 160 (0 1130) (1011 010) Gitt 010) A 1011 010 (1 010)	11 1891
9108 N.W. 106 ST. MEDLEY FL 33178 US		9108 N.W. 106 ST MEDLEY FL 33178 US			DO NOT WRITE IN THIS SPACE	
••					3. Date Incorporated or Qualifed	
					08/07/1992	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number Applied F	-or
21 4104	N.W- 105 Way	26			65-0347960 Not Appli	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
		27				
City & Stat	Ilas El	City & State			6, Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fee	
Zip Couptey /		28	Zip Country		8. This corporation owes the current year Intangible	-
Zip IJタみノフ	18 25 Dade	29 30	າ ່		Personal Property Tax.	
4711	g. Name and Address of Currer		<u>'1 </u>		10. Name and Address of New Registered Agent	
	3.		81	Name		
PERDOMO, RICARDO			82	Street Adv	dress (P.O. Box Number is Not Acceptable)	
7221 S.W. 6TH ST.			02	Jueer Aur	uless (F.O. Box Number is Not Acceptable)	j
MIAMI FL 33144			83			
_		•	84	City	85 Zip Code	
				·	FL	
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	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Agen	t signature requi	ired when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	DPS	☐ DELETE 1.1 TITI		Ì	☐ Change ☐	Addition
NAME			1.2 NAME			
STREET ADDRESS	100		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY-57	T-ZIP	CTChange CT	Addition
TITLE			2.1 TTTLE		☐ Change ☐	Addition
NAME	. 21.5011(0) 11.051		2.2 NAME		مان المعلق المنظم المان المنظم المان المنظم الم	
STREET ADDRESS			2.3 STREET			}
CITY-ST-ZIP			2. 4 CITY-S	IT-ZIP	Change	Addition
TITLE	_		3.1 TITLE			
NAME			3.2 NAME	, ADDDECC		,
STREET ADDRESS		,	3.3 STREET 3.4. CITY-S	i		}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	11-214	Change	Addition
NAME			4. 2 NAME			
			4.3 STREET	LADDRESS		ì
CITY-ST-ZIP			4.4 CITY-S			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐	Addition
NAME			5.2 NAME		•	
STREET ADDRESS	İ		5.3 STREET	TADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		. DELETE	6.1 TITLE		☐ Change ☐	Addition
NAME	į	·	6.2 NAME			

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 of 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 attachate the trustee that an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

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