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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

	1333	2			05-07-1999 90165 013 ***150.00
DOCUN 1. Corporation HEYMAR					
Principal Place	of Business	Mailing Address			
6807 MAIN STREET 6807 MAIN STREET					
MIAMI LAKES FL 33016 MIAMI LAKES FL 33014					
US	_ 000.0	US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					08/20/1992
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0382685 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip 👩	Country	Zip	Country		8. This corporation owes the current year Intangible
Zip 33	014 [25]	29 3	- ·		Personal Property Tax.
	9. Name and Address of Current				10. Name and Address of New Registered Agent
			81	Name	9
DE MARTINEZ, MIGNON					
6807 MAIN STREET			82	Street A	t Address (P.O. Box Number is Not Acceptable)
MIAMI LAKES FL 33014			83		
	n /1				
	#//		84	City	FL 85 Zip Code
44 5	# # # # # # # # # # # # # # # # # # #	and COT 4500 Florida Chabitan	the obour	<u></u>	
office or re	egistered agent, on the in the State of	f Florida. Such change was auth	orized by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and the obligation	ons of, Section 607.0505, Florid	a Statutes	•	,
SIGNATURE					
	Signature, typed or printed national sale egistered agent		 	it signature re	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D .	DIRECTORS DELETE	13.	—т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DE MARTINEZ, MIGNON	C bette			
NAME (1.2 NAME	i	
STREET ADDRESS	6807 MAIN STREET		1,3 STREET		S
CITY+ST-ZIP	MAIMI LAKES FL		1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	D	DELETE	2.1 TITLE	ļ	☐ Change ☐ Addition
NAME	MARTINEZ, CARLOS ALBERTO		2.2 NAME		
STREET ADDRESS	6807 MAIN STREET		2.3 STREET	ADDRESS	5
CITY-ST-ZIP	MIAMI LAKES FL	AMI LAKES FL 2.4C		T-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET	ADDRESS	s
CITY-ST-ZIP			3.4. C/TY-S	T-ZIP	
TITLE	☐ DELETE 4.1 TI		4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	ļ	
STREET ADDRESS			4.3 STREET	ADDRESS	s
CITY-ST-ZIP			4.4 CJTY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	ĺ	
STREET ADDRESS			5.3 STREET	ADORESS	s
CITY-ST-ZIP			5.4 C(TY-\$)	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	M		6.2 NAME	Ì	
STREET ADDRESS	<i>\III</i> \		6.3 STREET	ADDRESS	s
ĺ	\ W\		6.4 CITY-S		
CITY-ST-ZIP					

14. I hereby certify that the information in the 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 such the rental 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 of 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 or a statishment with an address, with all other like empowered.

SIGNATURE:

SINVATURE REQUIRED SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR