

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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90114 045 \*\*\*150.00

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DOCUMENT # V63961

1. Corporation Name

ERNESTO ESTRADA MANUFACTURING, INC.



Principal Place of Business

140 N.E. 1ST AVENUE  
MIAMI FL 33132

Mailing Address

140 N.E. 1ST AVENUE  
MIAMI FL 33132

US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 60 N.E. 1ST STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI - FL

Zip

24 33132

Country

25 US

2a. Mailing Address

26 60 N.E. 1ST STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI - FL

Zip

29 33132

Country

30 US

3. Date Incorporated or Qualified

09/15/1992

4. FEI Number

65-0358510

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

9. Name and Address of Current Registered Agent

ESTRADA, ERNESTO  
140 N.E. 1ST AVE.  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 60 N.E. 1ST STREET

84

City MIAMI

FL

85 Zip Code 33132

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ESTRADA, ERNESTO

STREET ADDRESS 140 N.E. 1ST AVE.

CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME GRANDA, LISET E

STREET ADDRESS 140 N.E. 1ST AVENUE

CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME GRANDA, ORLANDO J

STREET ADDRESS 140 N.E. 1ST AVENUE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

60 N.E. 1ST STREET

MIAMI - FL - 33132

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

60 N.E. 1ST STREET

MIAMI - FL - 33132

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

60 N.E. 1ST STREET

MIAMI - FL - 33132

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)