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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **528526**

1. Corporation Name

BERMELLO, AJAMIL & PARTNERS, INC.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DR TENTH FLOOR-SUITE 1000 MIAMI FL 33133	2601 S BAYSHORE DR TENTH FLOOR-SUITE 1000 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/28/1977

4. FEI Number: 59-1722486 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired XX — **$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

BERMELLO, WILLY A.
2601 S BAYSHORE DR
STE 1000
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	BERMELLO, WILLY AREL		1.2 NAME	ELIZABETH NEWLAND	
STREET ADDRESS	2601 S BAYSHORE DR #1000		1.3 STREET ADDRESS	2601 South Bayshore Drive - 10th Floor	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl. 33133	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, NELSON C.		2.2 NAME		
STREET ADDRESS	2601 S BAYSHORE DR #1000		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		2.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUIS, AJAMIL P		3.2 NAME		
STREET ADDRESS	2601 S. BAYSHORE DR., #1000		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AGUAYO, PERLA		4.2 NAME		
STREET ADDRESS	2601 S BAYSHORE DR., #1000		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED — January 8th, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)