

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90101 046 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **G16343**

1. Corporation Name
FRACATECA, INC.

Principal Place of Business

Mailing Address

13727 SW 152 ST
SUITE 325
MIAMI FL 33177
US

13727 SW 152 ST
SUITE 325
MIAMI FL 33177
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1982

4. FEI Number

58-4385747

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

2. Principal Place of Business

2a. Mailing Address

21 **PO MARIN E PONS**

26 **PO MARIN E PONS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **9370 SUNSET DRIVE**

27 **9370 SUNSET DRIVE A-100**

City & State

City & State

23 **MIAMI, FL #A-100**

28 **MIAMI, FL**

Zip Country

Zip Country

24 **33173** 25

29 **33173** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PONS, MARTIN E.
200 S BISCAYNE BLVD
SUITE 4920
MIAMI FL 33131**

81 Name

PONS, MARTIN E.

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

9370 SUNSET DRIVE SUITE A-100

83

84 City

MIAMI

FL

85 Zip Code

33173

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **PONS, MARTIN E.**
STREET ADDRESS **13727 SW 152 ST, #325**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 #

2/19/99

305-275-7022

CR2E034 (1/98)