

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K94172** (9)
1. Corporation Name
MONTEVERDE, INC.



Principal Place of Business
**314 PELICAN DR
STUART FL 34996
US**

Mailing Address
**314 PELICAN DR
STUART FL 34996
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/09/1989	
21		26		4. FEI Number 65-9126543	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent GELFAND, MICHAEL J. ONE CLEARLAKE CENTRE, SUITE 1010 250 AUSTRALIAN AVE SOUTH WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name Victor Jimenez 82 Street Address (P.O. Box Number is Not Acceptable) 7330 Andorra Place 83 84 City Boca Raton FL 85 Zip Code 33433	
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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 *Victor Jimenez* DATE **2/17/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	
NAME	JIMENEZ, VICTOR J.	12 NAME	
STREET ADDRESS	314 PELICAN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	
NAME	JIMENEZ, ADRIENNE	22 NAME	
STREET ADDRESS	314 PELICAN DR	23 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 in an attachment with an address.

SIGNATURE:

Victor Jimenez

2/17/98 (919) 968 8719

CR2E034 (10/97)