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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

rincipal Place of Business	Mailing Address
420 SW 19TH ROAD MIAMI FL 33129	420 SW 19TH ROAD MIAMI FL 33129
. Principal Place of Business	2a. Mailing Address
<del>"</del> "	
1	Suite Ant # etc
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27
Suite, Apt. #, etc.	Suite, Apt. #, etc

## **FILED** May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1985 Applied For 59-2050498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Zın Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HERRERA, IGNACIO **420 SW 19TH ROAD** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE ☐ Change PITA, JOSE 1.2 NAME NAME STREET ADDRESS QUINTA MONTPELIER 1.3 STREET ADDRESS CARACAS, VENEZUELA CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change 2.1 TITLE GONCALVES, ANTONIO 2.2 NAME NAME AVE. PRINCIPAL LA CASTELL STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP CARACAS VENEZUELA 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HERRERA, IGNACIO 3.2 NAME **420 SW 19TH ROAD** STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE NAME 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 suppliemental 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

**SIGNATURE:** 

JAT 8-186 09/