

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90129 003 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000096406**

1. Corporation Name  
**NORTHWIND ENTERPRISES, INC.**



Principal Place of Business  
 2205 NORTHWEST 23RD AVENUE  
 MIAMI FL 33142

Mailing Address  
 2205 NORTHWEST 23RD AVENUE  
 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number  
 65-0677713

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

21 **841 Wallace Street**

2a. Mailing Address

26 **841 Wallace Street**

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 **C**

City & State

23 **Coral Gables, FL**

City & State

28 **Coral Gables FL**

Zip

24 **33134** 25 **USA**

Zip

29 **33134** 30 **USA**

9. Name and Address of Current Registered Agent

VILA, OSCAR J III  
 520 BILTMORE WAY  
 CORAL GABLES FL 33134

81 Name

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

83

84 City

**FL** 85 Zip Code

10. Name and Address of New Registered Agent

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  DELETE

TITLE **P**  
 NAME **DUARTE, GINA C**  
 STREET ADDRESS: **2205 NW 23 AVENUE**  
 CITY-ST-ZIP: **MIAMI FL**

TITLE **SD**  
 NAME **DUARTE, ELENA C**  
 STREET ADDRESS: **% 2205 N.W. 23RD AVENUE**  
 CITY-ST-ZIP: **MIAMI FL 33142**

TITLE  DELETE  
 NAME  
 STREET ADDRESS:  
 CITY-ST-ZIP

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  Change  Addition

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

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

3.1 TITLE  Change  Addition  
 3.2 NAME **Vice President**  
 3.3 STREET ADDRESS **Erlan Romero**  
 3.4 CITY-ST-ZIP **841 Wallace Street**  
**Coral Gables, Florida 33134**

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:

*Gina C. Duarte*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gina C. Duarte 4-19-99 (305) 446-3091**

Date

Daytime Phone #

CR2E034 (11/98)

0212333