


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

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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90245 046 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000027866**  
 1. Corporation Name  
**AKUREYRI INTERNATIONAL, INC.**



Principal Place of Business  
 1121 SOUTH PRK RD  
 205  
 HOLLYWOOD FL 33021  
 US

Mailing Address  
 100 N BISCAYNE BLVD STE 1707  
 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1607 Arthur St.  
 Suite, Apt. #, etc.  
 22 302  
 City & State  
 23 Hollywood, FL  
 Zip Country  
 24 33020 25 USA

2a. Mailing Address  
 26 1607 Arthur Street  
 Suite, Apt. #, etc.  
 27 302  
 City & State  
 28 Hollywood, FL  
 Zip Country  
 29 33020 30 USA

3. Date Incorporated or Qualified  
**04/05/1996**

4. FEI Number  
**65-0659845**

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

9. Name and Address of Current Registered Agent  
**BERGER, DAVID S**  
**100 N BISCAYNE BLVD STE 2608**  
**MIAMI FL 33132**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURLANS-MOLINOS, PILAR</b>	1.2 NAME	
STREET ADDRESS	<b>100 N BISCAYNE BLVD STE 2608</b>	1.3 STREET ADDRESS	<b>Suite 2608</b>
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURLAN-MOLINOS, PILAR</b>	2.2 NAME	
STREET ADDRESS	<b>100 N BISCAYNE BLVD 2608</b>	2.3 STREET ADDRESS	<b>Suite 2608</b>
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>S</b> <b>Xavier Subirachs</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>100 N. Biscayne Blvd. #2608</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Miami, FL 33132</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>T</b> <b>Alberto Vilaseca</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>100 Biscayne Blvd. #2608</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Miami, FL 33132</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D</b> <b>Mariano Antonio Va</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1607 Arthur Street #302</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Hollywood, FL 33020</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mariano Va* **MARIANO VA** Director 2-22-99 (954) 921-7434  
 Date Day of the Phone #

CR2E034 (1/198)