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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600032167

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90005 041 ***150.00

MESA, I	RODRIGUEZ & MACHADO, P.	Α.							
Principal Plac	ce of Business	Mailing Address		-					
1000 BRICKELL AVE. SUITE 660 MIAMI FL 33131-3014 US 1000 BRICKELL AVE. SUITE 660 MIAMI FL 33131-3014 US 1000 BRICKELL AVE. SUITE 660 MIAMI FL 33131-3014 US			660	360		DO NOT WRITE IN THIS SPACE			
					"	Date Incorporated or Qualifed			
		-				04/12/1996	.		
Principal Place of Business 2a. Mailing Address						FEI Number	<u> </u>	pplied For	
21 26						65-0660975		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ite	City & State	· · · · · · ·		6.	Election Campaign Financing	\$5.00	May.Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country 30	/		This corporation owes the current year Personal Property Tax.	Intangible	No	
24	25 Allows and Address of Current		301			Name and Address of New Registere		/ 	
Name and Address of Current Registered Agent				81 Name		Tanio and the site of the site			
RODRIGUEZ, JUAN J 1000 BRICKELL AVE, SUITE 660 MIAMI FL 33131-3014			82	82 Street Address (P.O. Box Number is Not Acceptable)				<u>-</u>	
			83	-				<u> </u>	
			84	84 City FL 85 Zip Code				Code	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13. 1.1 TITLE			DDITIONS/CHANGES TO OFFICERS	AND DIRECT		
NAME	MESA, MANUEL A		1.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	MIAMITEL 33131		1.4 CITY- S	T-ZIP				·	
TITLE	SD	☐ DELĒTE	2.1 TITLE		V. Pre	SIDENT	Change	Addition	
NAME	MACHADO, CARLOS M		2.2 NAME						
STREET ADDRESS	AAAA BENGUELL ALE OLUTE OOG		2.3 STREE	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-	ST-ZIP_	0-00	-	- No Alexander	- Addition	
TITLE	VPD	☐ DELETE	31 TITLE		rres	IDENT	hange	☐ Addition	
NAME	RODRIGUEZ, JUAN J			3.2 NAME					
STREET ADDRESS	1000 BRICKELE AVE, COME COO		3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			Change	Addition	
TITLE		☐ DELETE	4.1 TITLE				. Change		
NAME	1		4 2 NAME						
STREET ADDRESS	3			T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	 		Change	Addition	
TITLE		L) DECEIE	5.1 TITLE 5.2 NAME				494	_,	
NAME				TADDRESS					
STREET ADDRESS	3		5.4 City- S]				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	· · · <u>- · · · · · · · · · · · · · · · ·</u>	 		Change	Addition	
TITLE			6.2 NAME					_	
NAME				T ADDRESS					
STREET ADDRESS CITY-ST-ZIP			6.4 CITY-S				¥		

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 attactment with an address, with all other like empowered.

SIGNATURE