

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90191 046 ***150.00

DOCUMENT # P98000006689

1. Corporation Name

BETANCOURT, CASTELLON HOLDINGS CORP.

Principal Place of Business

7765 SW 87TH AVENUE
MIAMI FL 33173

Mailing Address

7765 SW 87TH AVENUE
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

65-0809671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 7765 SW 87TH AVE

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 MIAMI, FL

Zip

24 33173

Country

25 US

2a. Mailing Address

26 7765 SW 87TH AVE

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 MIAMI, FL

Zip

29 33173

Country

30 US

9. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 SW 3RD STREET 6TH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

RAMIRO BETANCOURT

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

7765 S.W. 87TH AVENUE

83

SUITE 200

84 City

MIAMI

FL

85

Zip Code

33173

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

1-15-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CASTELLON, ALBERT
STREET ADDRESS 7765 SW 87TH AVENUE
CITY-ST-ZIP MIAMI FL 33173

TITLE VSTD ☐ DELETE

NAME BETANCOURT, RAMIRO
STREET ADDRESS 7765 SW 87TH AVENUE
CITY-ST-ZIP MIAMI FL 33173

TITLE AS ☒ DELETE

NAME HARRIS, ELLIOTT
STREET ADDRESS 111 SW 3RD STREET 6TH FLOOR
CITY-ST-ZIP MIAMI FL 33130

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

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

(305) 598-2932

Daytime Phone #

CR2E034 (11/98)