

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90114 026 ***150.00

DOCUMENT # L36222

1. Corporation Name
700 COMMODORE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
201 SEVILLA AVE.
SUITE 302
CORAL GABLES 33 33134
US

Mailing Address
201 SEVILLA AVE
SUITE 302
CORAL GABLES 33 33134
US

3. Date Incorporated or Qualified
12/11/1989

2. Principal Place of Business
21 8190 N.W. 66th Street
Suite, Apt. #, etc.

2a. Mailing Address
26 8190 N.W. 66th Street
Suite, Apt. #, etc.

4. FEI Number
65-0192657

Applied For
Not Applicable

22 City & State
23 Miami, FL

27 City & State
28 Miami, FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

24 Zip 33166 25 Country
29 Zip 33166 30 Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

CARRERAS, RAUL JR
999 PONCE DE LEON BOULEVARD
SUITE 720
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE: DP
NAME: BUSTAMANTE, ALBERTO I
STREET ADDRESS: 201 SEVILLA AVE, #302
CITY-ST-ZIP: KEY BISCAYNE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS: 8190 N.W. 66th Street
1.4 CITY-ST-ZIP: Miami, FL 33166

TITLE: S
NAME: BUSTAMANTE, ANA L
STREET ADDRESS: 201 SEVILLA AVE 302
CITY-ST-ZIP: CORAL GABLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS: 8190 N.W. 66th Street
2.4 CITY-ST-ZIP: Miami, FL 33166

TITLE: TAS
NAME: BUSTAMANTE, DE LOPEZ M
STREET ADDRESS: 201 SEVILLA AV 302
CITY-ST-ZIP: CORAL GABLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS: 8190 N.W. 66th Street
3.4 CITY-ST-ZIP: Miami, FL 33166

TITLE: VP
NAME: BUSTAMANTE, ALBERTO C
STREET ADDRESS: 201 SEVILLA AVENUE SUITE 302
CITY-ST-ZIP: CORAL GABLES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS: 8190 N.W. 66th Street
4.4 CITY-ST-ZIP: Miami, FL 33166

TITLE: AT
NAME: BUSTAMANTE, GLADYS M
STREET ADDRESS: 201 SEVILLA AVENUE SUITE 302
CITY-ST-ZIP: CORAL GABLES FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS: 8190 N.W. 66th Street
5.4 CITY-ST-ZIP: Miami, FL 33166

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE
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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERTO BUSTAMANTE I.

April 2, 1999 (305) 448-8811

Date

Daytime Phone #

CR2E034 (1/198)