

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90071 042 ***150.00

DOCUMENT # L07396

1. Corporation Name

FINOTEX U.S.A. CORP.

Principal Place of Business

6942 N.W. 50TH ST.
MIAMI FL 33166

Mailing Address

~~2665 S. BAYSHORE DR~~
~~SUITE 002~~
~~MIAMI FL 33133~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1989

4. FEI Number

65-0135546

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 c/o Michael Ortiz, P.A.

27 328 Minorca Ave., 2 FL

28 Coral Gables, FL

29 Zip Country

29 33134 30 USA

9. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
2665 S. BAYSHORE DR.
SUITE 002
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

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

328 Minorca Avenue

83 2nd Floor

84 City
Coral Gables

85 Zip Code
FL 33134

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.

Michael Ortiz
(NOTE: Registered Agent signature required when reinstating)

DATE
4/9/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SLEBI, CARLOS YIDI
STREET ADDRESS 6942 N.W. 50TH ST.
CITY-ST-ZIP MIAMI FL

TITLE DVP ☐ DELETE

NAME QUINTERO, ANDRES YIDI
STREET ADDRESS 6942 N.W. 50TH ST.
CITY-ST-ZIP MIAMI FL

TITLE DVP ☐ DELETE

NAME QUINTERO, CARLOS YIDI
STREET ADDRESS 6942 N.W. 50TH ST.
CITY-ST-ZIP MIAMI FL

TITLE DST ☐ DELETE

NAME QUINTERO, WILLIAM YIDI
STREET ADDRESS 6942 N.W. 50TH ST.
CITY-ST-ZIP MIAMI FL

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

(305) 470-2400

Date

Daytime Phone #

CR25034 (11/98)