

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

DOCUMENT # P93000038510

1. Corporation Name

CAWY INVESTMENTS CORP.

Principal Place of Business

2665 S BAYSHORE DR
SUITE 902
MIAMI FL 33133
US

Mailing Address

~~2665 S BAYSHORE DR--~~
~~SUITE 902--~~
~~MIAMI FL 33133--~~
US

2. Principal Place of Business

21 **c/o William Yidi**
Suite, Apt. #, etc.

2a. Mailing Address

28 **328 Minorca Avenue**
Suite, Apt. #, etc.

22 **6942 NW 50th Street**

27 **2nd Floor**

City & State

23 **MIami, FL**

City & State

28 **Coral Gables, FL**

Zip Country

24 **33166** 25 **USA**

Zip Country

29 **33134** 30 **USA**

9. Name and Address of Current Registered Agent

ORTIZ, MICHAEL

~~2665 SO. BAYSHORE DRIVE--~~
~~STE 902--~~
~~MIAMI FL 33133--~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1993

4. FEI Number

85-0450212

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

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,

FL

85 Zip Code
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

Michael Ortiz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DVP**
STREET ADDRESS **QUINTERO, CARLOS Y**
CITY-ST-ZIP **6942 NW 50TH STREET**
MIAMI FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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: *William Yidi* **WILLIAM YIDI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

(305) 470-2400

Daytime Phone #

CR2E034 (11/98)