1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am **Secretary of State**

03-08-1999 90038 027 ***150.00

oradon Name	
PRIDA AND SOUTH AMERICA HOLDINGS, INC.	

FLO Principal Place of Business Mailing Address 8033 N.W. 36TH STREET. SUITE 440 8033 N.W. 36TH STREET. SUITE 440 MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/15/1958 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0821865 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ISICOFF, ERIC D ESQ. Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE SUITE 704 **MIAMI FL 33131** 85 Zip Code 84 City 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 Signatura, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition TITLE □ DELETE 1.1 TITLE RIBADENEIRA.DIEGO 1.2 NAME NAME 8033 NW 36TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE RIBADENEIRA, DANIELA 2.2 NAME NAME 8033 NW 36 ST. STE. 440 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET APPORESS STREET ADDRESS 5.4 CITY T-ZIP CITY-ST-ZIP DELETE 6.1 TIT. ☐ Change ☐ Addition DILE AME NAME 3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information substied 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 substimental 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 of the exemption trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Il other like empowered. Block 12 or Block 13 if change ess, with

64 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR DIEGO RIBADENEIRA