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 # 331644

INCA INTERNATIONAL CORP.

Principal Place of Business 1065 N.E. 79TH STREET MIAMI FL 33138-4203

Mailing Address

1065 N.E. 79TH STREET MIAMI FL 33138-4203

May 03, 1999 8:00 am Secretary of State

05-03-1999 90008 048 ***158.75



DO NOT WRITE IN THIS SPACE

					20,00,			
					3. Date Incorporated or Qualifed 06/24/1968			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
1		26			NOT APPLICABLE	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		··-		\$8.75	Additional	
<u> </u>		27			5. Certifcate of Status Desired	Fee Re	quired	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be	
3		28			Trust Fund Contribution	Added 1		
Zip	Country	Zip	Country		8. This corporation owes the current year Intan	aible		
¬ '		29 3	¬ ´		· · · · · · · · · · · · · · · · · · ·] Yes	⊡No	
4}	25		· · ·	 -	10. Name and Address of New Registered As			
	9. Name and Address of Current	Registered Agent	81	Name	ior teams and reduced of their resilience of	<u> </u>		
CAM	IPOS ERANCISCO] .	Haine				
CAMPOS, FRANCISCO				82 Street Address (P.O. Box Number is Not Acceptable)				
1065 N.E. 79TH STREET,								
MIAI	MI FL 33138		83			•		
			-	<u> </u>		gel Zin i	Code	
			84	City	FL	85 Zip (J006	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was aut	horized by	the corpora	proration submits this statement for the purpose of chation's board of directors. I hereby accept the appoint	nent as re	gistered	
SIGNATURE	Charles to deliver a second property	and title if applicable (NOTE: P	onistared Aner	ot eignature regu	uired when reinstating) DATE	 ;		
12. ·	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registr OFFICERS AND DIRECTORS			it signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PD OFFICERS AND	DELETE	1,1 TITLE			Change	Addition	
	· · .		1,2 NAME			_ •		
NAME	CAMPOS, FRANCISCO							
STREET ADDRESS	4355 SW 2ND ST.			TADDRESS	2713/1/527			
CITY-ST-ZIP	MIAMI FL		1,4 CITY-S	T-ZIP	33134-1522	-2		
TITLE	VTD	☐ DELETE	2.1 TITLE		•	Change	☐ Addition	
NAME	PEREZ, JUVENTINO		2.2 NAME			400		
STREET ADDRESS	6300 COLLINS AVE., STE. H-20	4	2.3 STREE	TADDRESS	1780 KENNEDY CAUSE WAY	# 20		
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY-5	ST-ZIP	<u></u>			
IIILE	VSD	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	CONTRERAS; FRANCISCO	•	3.2 NAME			-		
	722 E. 46TH ST.		1	T ADDRESS				
STREET ADDRESS	I				73013			
CITY-ST-ZIP	HIALEAH FL		3.4. CITY-3	ST-ZIP		Change	Additio	
MLE		☐ DELETE	4.1 TITLE			-1 Annuale		
NAME			4. 2 NAME		· -	-		
STREET ADDRESS	,		4.3 STREE	TADDRESS	·			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
ITLE	,	☐ DELETE	5.1 TITLE	F		Change	☐ Additio	
NAME			5.2 NAME					
STREET ADDRESS	1	•	5.3 STREE	T ADDRESS	•	:		
CITY+ST-ZIP			5.4 CITY-S	IT-ZIP	•	٠.		
TITLE		DELETE 6.1 TI				Change	Additio	
			6.2 NAME				_	
NAME	,			TAROPECO	·			
STREET ADDRESS	<u> </u>	•		TADORESS				
TTY-ST-ZIP			6.4 CITY-S	T-ZIP		*		

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 from an attachment with an address, with all other like empowered.

SIGNATURE:

THE ANCISCO CAMPOS