

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90035 026 \*\*\*150.00

DOCUMENT # 384294

1. Corporation Name

APPCO FINANCE CORPORATION

Principal Place of Business

3915 BISCAYNE BLVD., 3RD FLR  
MIAMI FL 33137

Mailing Address

3915 BISCAYNE BLVD., 3RD FLR  
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1971

4. FEI Number

59-1406052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

MELENDEZ, FRANK  
3915 BISCAYNE BLVD.  
4TH FLOOR  
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

Guy Junger

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

3915 Biscayne Blvd.

83

84 City

Miami,

FL

85 Zip Code

33137

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

TITLE DP ☐ DELETE

NAME ESPIN, ROBERTO  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME MOHAMAD, LUCIA  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME CUADRA, HENRY  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME ALVAREZ, LUIS  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

TITLE TSD ☐ DELETE

NAME LOPEZ, JUAN  
STREET ADDRESS 3915 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

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 Jackson, Shaun  
2.3 STREET ADDRESS 3915 Biscayne Blvd.  
2.4 CITY-ST-ZIP Miami, FL 33137

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Zuhlke, James  
3.3 STREET ADDRESS 3915 Biscayne Blvd.  
3.4 CITY-ST-ZIP Miami, FL 33137

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 Lopez, Juan  
5.3 STREET ADDRESS 3915 Biscayne Blvd.  
5.4 CITY-ST-ZIP Miami, FL 33137

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Star, William  
6.3 STREET ADDRESS 3915 Biscayne Blvd.  
6.4 CITY-ST-ZIP Miami, FL 33137

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 201

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