FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

SUTIE 1750

825 BRICKELL BAY DRIVE

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

825 BRICKELL BAY DRIVE

SUITIE 1750



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 528327

JORGE RODRIGUEZ-CHOMAT & ASSOCIATES, P.A.

MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualifed 02/17/1977 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1749146 26 21 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip Country Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JORGE, RODRIGUEZ C Street Address (P.O. Box Number is Not Acceptable) 82 825 BRICKELL BAY DRIVE 83 **SUTIE 1750 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 of fiftee 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 (NOTE: Registered Agent signature required w Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME RODRIGUEZ, CHOMAT J NAME 1.3 STREET ADDRESS 8650 S.W. 109 AVE., #116 STREET ADDRESS 1.4 CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 41TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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 suppliemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ress, with all other like empowered

SIGNATURE:

Block 12 or Block 13 if changed, or on an

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NATURE AND THEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

FILED

Jan 23, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-23-1999 90067 023 ***150.00

305-374-0056

Change

☐ Addition

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