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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 564121 (2)
1. Corporation Name
INVERSIONES SANTEMA CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1800 COLLINS AVE.
APT. 160
MIAMI BEACH FL 33139

Mailing Address
1800 COLLINS AVE.
APT. 160
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

12/02/1977

4. FEI Number

NOT APPLICABLE

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 or has paid the current year intangible
Personal Property Tax due June 30

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HERRERA, ANTONIO SALAZAR
1800 COLLINS AVE APT 160
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name

N/A

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

83

84 City

FL

85 Zip Code

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 PD
NAME SALAZAR H., ANTONIO
STREET ADDRESS 1800 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE VD
NAME DE SALAZAR, EMMA T.
STREET ADDRESS 1800 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE T
NAME SALAZAR T. OMAR
STREET ADDRESS 1800 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE S
NAME DE PENUELA, MARTA S.
STREET ADDRESS 1800 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE D
NAME SALAZAR T., GILBERTO
STREET ADDRESS 1800 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 a duly empowered person 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 as an attachment with an address.

SIGNATURE: *Antonio Salazar*

3-23-98 305-673-5150

CR2E034 (10/97)