FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90024 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 584869

1. Corporation Name

HORACIO O. FERREA NORTH AMERICA DIVISION INC.

											ı Bibli Bi	H11 81911 1881		
Principal Place of Business			Mailing Address											
2600 N.W. 55TH COURT, SUITE 238 FT LAUDERDALE FL 33309		2600 N.W. 55TH COURT. SUITE 238 FT LAUDERDALE FL 33303						DO NOT WRITE IN T	H:S SPAC	Œ				
								-	3 [Date Ir corporated or Qualifed				
								1		09/19/1978				
2. Principa Place of Business				2a. Mailing Address					4. FEI Number			Apr	lied For	
													Applicable	
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$8.75 Addition				· - ' '	
				27					5 . (Certifcate of Status Desired	•	ee Rec		
City & S:ate				City & State					e c	Electio : Campaign Financing	•	5 00 (May Po	
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country			Zip Country					-+	8. This corporation owes the current year Intangible					
24	25			29 30			J. This scription			Personal Property Tax.				
	9. Name and Address of Current			<u> </u>				10. Name and Address of New Registered Agent						
	J. Name and Addit	os or ourren	regiote	i da riguit		81	Name					-		
URRUTIA, DANIEL														
20268 HACIENDA CT						82	Street	t Acdress	s (P.0	O. Box Number is Not Acceptable)				
BOC	A RATON FL 33498					83							-	
						84	City				- L 85	Zip C	ode	
		007.0500	1.007	4500 Fi-id- Chair				1 00 0000	tion .	submits this statement for the purpose		ina ite i	heretainer	
office cor	agistared agent, or he t	in the State ci	Fiorida	Such change was :	uithorized	i bv	the cord	ore tion s	s boa	ard of cirectors. I hereby accept the ap	pointment	as reg	istered	
agent. ⊢a	m familiar with, and acc	ept the obligati:	ons of, S	ection 607.0505, Fit	rida Stat	utes.	•							
SIGNATURE										instatung) DATE			\	
Signature, typed or printed na ne of registered agent and title if applicable (NOTc):						egistered Agent signature require				DDITI(INS/CHANGES TO OFFICERS		ECTO	E S IN 12	
12.	D OFFICERS AND				_	13.		$\overline{}$	A	DUTTO NS/CHANGES TO OFFICEAS		hange	Addition	
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NAME	FERREA, HORACIO				1.2 N	-								
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TITLE	D	_		☐ DELETE	2.1 ∏	TLE					[_](hange	☐ Addition	
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NAME	URRUTIA, DANIEL		3 2 N		AME									
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NAME					6.2 N						_	-	_	
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63 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 suppliemental immual 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 recuired by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Block 12 or Block 13 if change

STREET ADDRESS

CITY-ST-ZIP

attach nent with an address, with a lother like empowered.

Daytime Phone #