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

Mailing Address

MIAMI FL 33143

HS

26

27

28

5150 SW 75 STREET

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PROFIT
CORPORATION
ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

5150 SW 75 STREET

MIAMI FL 33143 -

US

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 611692

Country

SHARCO INVESTMENTS, INC.

SHARCO INVESTMENTS, INC.

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 1500 MIAMI CENTER 201 S BISCAYNE BLVD 83 4.55 MIAMI FL 33131 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 MILE ☐ Change **NEVILLE, DEBRA** NAME 12 NAME 5150 SW 75 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 2.1 TITLE ATTIN, KEN. 2.2 NAME NAME 5150 SW 75 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change TITLE □ DELETE 3.1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change TITLE 5.1 TITLE ☐ Addition 5.2 NAME NAME

Country

30

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

হ্যানুক্ত প্ৰতিষ্ঠিত

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

1 JAN 198

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90036 017 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

☐ Yes

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

03/02/1979

59-1890064

4. FEI Number

35 Cor 43

Addition

Daytime Phone i

Change

CR2E034 (11/98)