Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90005 013 \*\*\*158.75

## 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

## DOCUMENT # 628154

1. Corporation Name

CABRERA-REGUEYRA CORPORATION

							<u> </u>		BIERI BKEK IBEL
Principal Place of Business Mailing Address						-	161 0101 010(1 51	911 01011 51611	6(8() B)B)) (88)
% ELLIOTT HAP 111 S.W. 3RD S MIAMI FL 33130	St., Sixth fl	% ELLIOTT HARRIS, ESO. 111 S.W. 3RD ST., SIXTH FL MIAMI FL 33130			DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualifed 07/02/1979			
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		A	pplied For
21		26				59-1967997	_	· N	ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	ON .		Additional equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Count	iry		8. This corporation owes the curr	ent year Inti	angible	
24	25 29 30		)			Personal Property Tax.		Yes	₩No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	tegistered /	Agent	
			8	31   1	Name				
HARRIS, ELLIOTT ESQ. 111 S.W. 3RD ST.			g	32 5	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
			,	<b>~</b>  `	Sileet Address (1.0. Dox Humber is Not Neceptasis)				
SIXT	H FLOOR		8	33					
aaim	AI FL 33130		\ <u>.</u>	<u>.</u>  .	Ota.			<b>85</b> Zip	Code
			16	34 (	City		· FL	.  63  21	
agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered ageing	tions of, Section 607.0505, Florid.	a Statuti	es.		when reinstating)	DATE		}
12.		ID DIRECTORS	13.	gent an	griature required	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	 E				Change	☐ Addition
NAME	PEREZ, LUIS ALBERTO		1.2 NAM	E					
STREET ADDRESS	111 SW 3RD ST, 6 FLOOR		1.3 STR	EET AC	ORESS				ł
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-Z	IP				
TITLE	SP	☐ DELETE	2.1 TITLI					☐ Change	☐ Addition
NAME	HARRIS, ELLIOTT		2.2 NAM	ΙE					
STREET ADDRESS	111 SW 3 ST, 6 FLOOR		2.3 STRI	EET AC	OORESS				
CITY-ST-ZIP	MIAMI FL		2.4 CIT	Y-ST-Z	ZIP				
TITLE		☐ DELETE	3.1 TITL	E		<del></del>		☐ Change	☐ Addition
NAME ,			3.2 NAM	ΙE	İ				
STREET ADDRESS			3.3 STRI	EET AL	DORESS				
CITY-ST-ZIP			3.4. CITY	Y- ST- 2	ZIP				
TITLE		☐ DELETE	4.1 TITL	E				Change	☐ Addition
NAME			4. 2 NAA	ΝÉ					
STREET ADDRESS			4.3 STR	EETAD	ODRESS				ſ
CITY-ST-ZIP			4.4 CITY	-ST-2	IP II				
TITLE		☐ DELETE	5.1 TITL	1				Change	Addition
NAME			5.2 NAM				•		
STREET ADDRESS			5.3 STR						į
CITY-ST-ZIP			5.4 CITY		IP 91				
TITLE		☐ DELETE	6.1 TITL		\ 			Change	Addition
NAME			6.2 NAM	_					i
OTDEET 4000000	1		■ 63 STR	FETAL	OORESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS