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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90048 002 ***150.00

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300 COMMODORE, INC.		
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		,							
Principal Place	e of Business	Mailing Address				1 (94(3) 2(3)(2)249 (1(4) 10(1) 2)	184 1111 818(1 8)		
201 SEVILLA A	VE.	201 SEVILLA AVE.				}			
STE. 302 Coral Gabels	C EL 20124	STE. 302 Coral: Gabels FL 33134				DO NOT WRI	TE IN THIS	SPACE	
CURAL GABEL	2 FF 33134	COMME GABELS PE 33134 .				3. Date Incorporated or Qualifed			
						11/02/1979			
	lace of Business	2a. Mailing Address				4. FEI Number		TA	pplied For
21 8190	N.W. 66th Street	26 8190 N.W. 6	6th	St	reet	59-2107230		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Fee R	Additional
City & Stat		City & State	<u>. </u>		<u></u>		<u></u>		
 ,	• • •	28 Miami. FL			,	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 <u>Miami</u> Zip	Country	Zio PILGIRII, FII	Cou	ntry		8. This corporation owes the curr	ent vear Inta		
33166	<u>—</u>	29 33166 3	0	•		Personal Property Tax.	one your made	XYes	□No
	9. Name and Address of Current		-1			10. Name and Address of New F	legistered /	gent	,,,,
				81	Name			-	{
	RERAS, RAUL J		i	82	Street A	ddress (P.O. Box Number is Not Accepta	able)		
	PONCE DE LEON BLVD				Ollock	daress (1 .O. Dex realizer le rest lasepte			
STE		•		83			-	•	, ,
COR	AL GABLES FL 33134		:	84	City			85 Zip	Code
				04	City		FL	163 24	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the al	bove	-named c	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of	changing it	s registered
oπice or n agent. I a	egistered agent, or both, in the State of m.familiar with, and accept the obligation	r Florida. Such change was aut ons of, Section 607.0505, Florid	nonzeo la Stati	utes.	rue corbor	ation's board of directors. Thereby accep	n the appoin	unen as n	egistored
SIGNATURE									
	Signature, typed or printed name of registered agent			Agent	t signature rec	uired when reinstating)	DATE	n DIDEOT	000 0140
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS ANI	Change	
TITLE	S ANA I	C3 DELETE	1.1 II		1			C Change	
NAME	BUSTAMANTE, ANA L				400000	8190 N.W. 66th Stree	etra		
STREET ADDRESS	201 SEVILLA AVE,SUITE 302				ADDRESS	Miami, FL 33166	_		
CITY-ST-ZIP TITLE	CORAL GABLES FL PD	☐ DELETE	1.4 CT 2.1 TT		-29			X Change	☐ Addition
NAME (BUSTAMANTE, ALBERTO I		2.1 NA		- }				
STREET ADDRESS					ADDRESS	8190 N.W. 66th Stree	. +		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CI			Miami, FL 33166	-		-
TILE	TAS	☐ DELETE	3.1 TII	_	,-211			Change	☐ Addition
NAME ·	BUSTAMANTE DE LOPEZ , MAF	A A15	3.2 NA	WE	}				
STREET ADDRESS	201 SEVILLA AVE, SUITE 302	18 1 7 1	3.3 ST	REET	ADORESS /	8190 N.W. 66th Stree	±±.		
CITY-ST-ZIP	CORAL GABLES FL		3.4. CI		i	Miami, FL 33166			
TITLE	VP	☐ DELETE	4.1 TI				-	Change	☐ Addition
NAME	DISTAMANTE ALDEDTO C		4 2 N	AME	1				

4.3 STREET ADDRESS STREET ADDRESS 201 SEVILLA AVE, SUITE 302 8190 N.W. 66th Street CORAL GABLES FL 4.4 CITY-ST-ZIP Miami, FL 33166 CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME BUSTAMANTE, GLADYS M 5.3 STREET ADDRESS STREET ADDRESS 201 SEVILLA AVE, SUITE 302 8190 N.W. 66th Street 5.4 CITY-ST-ZIP **CORAL GABLES FL** CITY-ST-ZIP Miami, FL 33166 DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP by of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accounts and that my signature shall have the same legal effect as if made under oath; that I am an execute his report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the Block 12 or Block 13 if changed or the supplied of the Block 12 or Block 13 if changed or the supplied or the sup this liting does not qual equal report is true and the or trustee empowers

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CALBERTO BUSTAMANTE I.

April 2, 1999

(305) 448-8811