

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90007 029 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # 684270 ✓

1. Corporation Name

DURLAR, INC.

Principal Place of Business

732 NW 76TH AVE
MIAMI FL 33126
US

7350 NW, 7ST.
SUITE 106
MIAMI, FL 33126
US

Mailing Address

P.O. BOX 52-7801
MIAMI FL 33152-7801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1980

4. FEI Number

59-2029086

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCO, VICTOR M
732 N.W. 76TH AVE
MIAMI FL 33126

81 Name

LARCO, VICTOR M.

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

7350 NW, 7ST.

83

Suite # 106

84 City

MIAMI

FL

85 Zip Code

33122

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 SD ☐ DELETE

NAME ADRIANI, TERESA V
STREET ADDRESS 13225 SW 111 TERRACE, #1
CITY-ST-ZIP MIAMI FL 33186

TITLE PD ☐ DELETE

NAME LARCO, VICTOR M
STREET ADDRESS 1450 SOUTH BAYSHORE DRIVE, APT. 1104
CITY-ST-ZIP MIAMI FL 33130

TITLE D ☐ DELETE

NAME DURAND, PAUL M
STREET ADDRESS YEROVI 177
CITY-ST-ZIP LIMA 27 00000

TITLE D ☐ DELETE

NAME RAMIREZ, VICTOR
STREET ADDRESS AVENIDA 11 CALLE 20, APT. POSTAL 377-1007
CITY-ST-ZIP SAN JOSE CO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ADRIAN, TERESA V ☒ Change ☐ Addition

1.2 NAME 9800 W BAY HARBOR DR.
1.3 STREET ADDRESS # 611
1.4 CITY-ST-ZIP BAY HARBOR, FL 33154

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 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.

SIGNATURE:

SIGNATURE OF VICTOR LARCO

Date 08/07/99 Daytime Phone #

CR2E034 (5/99)