Jun 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 848146

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

BORDONA PROPERTIES N.V. INCORPORATED

| | | | | | I (##### #### #### ##### ##### ##### ###### | i Bibit Bibit bibit bibit b | 31011 WIWII 1881 |
|---|---|-------------------------------------|----------------|--------------------------|---|-----------------------------|------------------|
| Principal Place of Business Mailing Address | | | | | | | |
| | | 55NE 94 ST | | | | | |
| | | MIAMI PL 33136 | MIAMI FL 33138 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 02/03/1981 | | l |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Ap | plied For |
| 21 26 | | | | | 59-2200957 | No | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | _ | \$8.75 | Additional |
| 27 | | | | | 5. Certifcate of Status Desired | Fee Re | quired |
| City & State City & State | | | | · | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | · | | Trust Fund Contribution | Added t | |
| Žip | Country | Zip | Cou | ntry | 8. This corporation owes the current y | ear Intangible | |
| 24 | 25 29 30 | | 30 | | Personal Property Tax. Yes No | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Regis | tered Agent | |
| | | | | 81 Name //E | EGENIC DUA | R | |
| HEGEDUS, PILAR | | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | <u>ا</u> | |
| -55-NE-04-ST | | | | 1" 200° | NE.1955+ # | 319_ | |
| MIAMI FL 39138" | | | | 83 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | MIH | <u> </u> | 85 Zip (| Code_ A |
| | | | | 84 City | | FL S32 | 1793 |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statute | s, the a | bove-named corpo | oration submits this statement for the purp | ose of changing its | registered |
| office or r | egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change was au | ithorized | the corporation | n's board of directors. I hereby accept the | appointment as re | gistered |
| - | in familiar with, and accept the cong | ations of, decitor cor. coos, rion | ida Otat | atco. | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable. (NOTE: | Registered | Agent signature required | i when reinstating) | ATE | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO |)R\$ IN 12 |
| TITLE | P | ☐ DELETE | 1.1 11 | TLE . | | ☐ Change | ☐ Addition |
| NAME | CORRAL, ANTONIO | | 1.2 N | AME | | | |
| STREET ADDRESS | 55 NE 94 ST | | 1.3 S | REET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CI | TY-ST-ZIP | | | |
| TITLE | VSD DELETE 2.11 | | 2.1 TI | TLE | • | ☐ Change | ☐ Addition |
| NAME | CORRAL, CLAUDIA AMELIA | | 2.2 N | AME . | | | |
| STREET ADDRESS | 55NE 94 ST | | 2.3 S | REET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33138 | | 2.40 | ITY-ST-ZIP | | | |
| TITLE | | | 3.1 TI | | | Change | Addition |
| NAME | CORRAL, ANTONIO JOSE | | 3.2 N | AME | | | |
| STREET ADDRESS | -55-NE-94-ST | | 3.3 5 | REET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4. C | ITY-ST-ZIP | | | |
| TITLE | VPO | ☐ DELETE | 4.1 TI | | | Change | Addition |
| NAME | CORRAL, CINTHYA ELENA | | 4. 2 N | AME | | | |
| STREET ADDRESS | C/O 55 NE 94TH STREET | | 4.3 S | REET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | | TY-ST-ZIP | | | |
| 7ITLE | ST DELETE 5.17 | | | | Change | Addition | |
| NAME | HEGEDUS, PILAR | _ | 5.2 N | | | | |
| STREET ADDRESS | C/O 55 NE 94TH STREET | | 5.3 S | TREET ADDRESS | | | |
| | MIAMI FL | | | TY-ST-ZIP | | | |
| CiTY-ST-ZIP TITLE | WHANNI I L | DELETE | 6.1 TI | | | Change | Addition |
| HILE | | EJ DELETE | | 1 | | | |

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 comparation 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 changes a statement with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP