

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

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90004 006 \*\*\*150.00

DOCUMENT # **F38678**

1. Corporation Name

**EL CONDOR, INCORPORATED**

Principal Place of Business

2121 S.W. 3RD AVENUE, SUITE #701  
MIAMI FL 33129

Mailing Address

2121 S.W. 3RD AVENUE, SUITE #701  
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/19/1981**

4. FEI Number

**59-2292015**

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BALSEIRO, LAZARA  
ONE BISCAYNE TOWER  
S-3230  
MIAMI FL**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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]*  
Signature, typed or printed name of registered agent and his qualifications.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>DUENAS, RAUL REGALADO</b>	
STREET ADDRESS	<b>2121 SW 3RD AVENUE SUITE 701</b>	
CITY-STATE-ZIP	<b>MIAMI, FLORIDA 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/99**

Date

**305-856-41**

Daytime P

CR2E034 (11/98)

F-50410  
588572-90004-6

**EL CONDOR, INC.**

2121 S. W. 3<sup>rd</sup> Avenue, Suite 701  
Miami, Florida 33129  
Tel. (305) 858-6718  
Fax. (305) 854-6608

July 5, 1999

Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sirs:

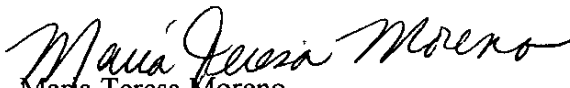
Enclosed please find Money Order #3431389994 for \$150.00 representing payment for 1999 Annual Report. This Money Order is a replacement for El Condor's Check No. 1941 sent to you at the end of February, 1999. Enclosed is a copy of the Document signed by Mr. Raul Regalado on February 2, 1999 together with a copy of the check.

As per the Bank, please be advised that the mentioned check has never been cashed, so I did a stop payment. Most probably the envelope got lost in the mail.

As this circumstance was against our will and out of our hands, I would very much appreciate it if it is possible for you to waive the late fees or any fee accrued for being late.

Thank you for your assistance and cooperation in this matter.

Sincerely,

  
Maria Teresa Moreno  
Secretary

Enclosures: Documents/M.O.