

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000498 (4)

1. Corporation Name

PORTAL-MUNDO, INC.



Principal Place of Business

Mailing Address

501 S.W. 75TH ST - D11
GAINESVILLE FL 32607

501 S.W. 75TH ST - D11
GAINESVILLE FL 32607

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

2. Principal Place of Business

21 2344 N.W. 44th Place

Suite, Apt #, etc

22

City & State

23 GAINESVILLE, FL

Zip

24 32605

Country

25 U.S.A.

2a. Mailing Address

26 2344 N.W. 44th Place

Suite, Apt #, etc

27

City & State

28 GAINESVILLE, FL

Zip

29 32605

Country

30 U.S.A.

4. FEI Number

APPLIED FOR 43-1603802

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KATER, VICTOR R
501 S.W. 75TH ST. D-11
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name VICTOR R. KATER (SAME)

82 Street Address (P.O. Box Number is Not Applicable)
2344 N.W. 44th Place

83

84 City GAINESVILLE

FL

85 Zip Code 32605

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME KATER, VICTOR R
STREET ADDRESS 501 S.W. 75TH ST. D-11
CITY-ST-ZIP GAINESVILLE FL

TITLE VSD
NAME KATER, KATHRYN M
STREET ADDRESS 501 S.W. 75TH ST. D-11
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PCD
12 NAME KATER, VICTOR R.
13 STREET ADDRESS 2344 N.W. 44th Place
14 CITY-ST-ZIP GAINESVILLE, FL 32605

21 TITLE VSD
22 NAME KATER, KATHRYN M.
23 STREET ADDRESS 2344 N.W. 44th Place
24 CITY-ST-ZIP GAINESVILLE, FL 32605

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY OF THE MONTH

6/26/95 (352) 337-0932.

CR2E034 (3/96)