

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 19 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000498 (4)**

1. Corporation Name
PORTAL-MUNDO, INC.

Principal Place of Business

**2344 NW 44TH PLACE
GAINESVILLE FL 32605
US**

Mailing Address

**2344 NW 44TH PLACE
GAINESVILLE FL 32605
US**

2. Principal Place of Business

21 **13309 NW 16TH ST.**
Suite, Apt. #, etc.

22 City & State
PEMBROKE PINES, FL

23 Zip
33028

24 Country
U.S.A.

2a. Mailing Address

26 **13309 NW 16TH ST.**
Suite, Apt. #, etc.

27 City & State
PEMBROKE PINES, FL

28 Zip
33028

29 Country
U.S.A.

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KATER, VICTOR R
2344 NW 44TH PLACE
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name **VICTOR R. KATER (same)**

82 Street Address (P.O. Box Number is Not Acceptable)
13309 NW 16TH ST.

83

84 City **PEMBROKE PINES** **FL** 85 Zip Code **33028**

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 of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
KATER, VICTOR R
2344 NW 44TH PLACE
GAINESVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
KATER, KATHRYN M
2344 NW 44TH PLACE
GAINESVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**PCD
KATER, VICTOR R.
13309 NW 16TH ST.
P. PINES, FL 33028** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**VSD
KATER, KATHRYN M.
13309 NW 16TH ST.
P. PINES, FL 33028** ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Victor R. Kater

VICTOR R. KATER

3/15/98 (954) 433-2344

CR2E034 (10/97)