

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  
Feb 26, 1999 8:00 am  
Secretary of State

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DOCUMENT # F95000000498

1. Corporation Name  
PORTAL-MUNDO, INC.

Principal Place of Business  
13309 NW 16TH ST  
PEMBROKE PINE FL 33028  
US

Mailing Address  
13309 NW 16TH ST  
PEMBROKE PINES FL 33028  
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 13309 NW 16TH ST.

2a. Mailing Address  
26 13309 NW 16TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 PEMBROKE PINES, FL

City & State  
28 PEMBROKE PINES, FL

Zip Country  
24 33028 25 U.S.A.

Zip Country  
29 33028 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATER, VICTOR R  
13309 NW 16TH ST  
PEMBROKE PINES FL 33028

81 Name [SAME]  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME KATER, VICTOR R  
STREET ADDRESS 13309 NW 16TH ST  
CITY-ST-ZIP PEMBROKE PINES FL 33028

1.1 TITLE  
1.2 NAME KATER, VICTOR R.  
1.3 STREET ADDRESS 13309  
1.4 CITY-ST-ZIP

TITLE VSD  
NAME KATER, KATHRYN M  
STREET ADDRESS 13309 NW 16TH ST  
CITY-ST-ZIP PEMBROKE PINES FL 33028

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR R. KATER

1/22/99. (954) 433-2344

Date

Daytime Phone #

CR2E034 (11/98)