

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

FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90049 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000039

1. Corporation Name

COSTA RICA INTERNATIONAL, INC.

Principal Place of Business

95 MERRICK WAY #507
CORAL GABLES FL 33134
US

Mailing Address

95 MERRICK WAY #95
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

87-0432572

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 95 Merrick Way

2a. Mailing Address

26 95 Merrick Way

Suite, Apt. #, etc.

22 507

Suite, Apt. #, etc.

27 507

City & State

23 Coral Gables, FL

City & State

28 Coral Gables, FL

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

MONICA CHAVES
95 MERRICK WAY #507
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME CHAVES, CALIXTO
STREET ADDRESS 95 MERRICK WAY #507
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE TD
NAME QUESADA, JORGE M
STREET ADDRESS 95 MERRICK WAY #507
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE SD
NAME CHAVES, MONICA
STREET ADDRESS 95 MERRICK WAY #507
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE VD
NAME VARGAS, FEDERICO
STREET ADDRESS 95 MERRICK WAY #507
CITY-ST-ZIP CORAL GABLES FL 33134

☐ 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

☐ Change ☐ Addition

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

☐ 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, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

01/22/99 (305)476-1757

CR2E034 (1/98)