PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



G85278

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90019 013 \*\*\*150.00

NARANJO INVESTORS, INC Principal Place of Business Mailing Address 4360 SW 111TH AVENUE 4360 SW 111TH AVENUE **MIAMI FL 33165** MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/16/1984 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-2388338 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00\_May.Be. City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Yes Personal Property Tax. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Koberto Naramjo NARANJO, PEDRO 82 Street Addr ess (P.O. Box Number is Not Acceptable) 4360 SW 111TH AVENUE MIAMI FL 33165 83 Zip Code 33/65 84 City 85 Miami 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 red Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition ☐ Change DELETE 1.1 TITLE TITLE **PSTD** 1.2 NAME NAME NARANJO, ROBERTO P STREET ADDRESS 4360 SW 11TH AVENUE 1.3 STREET ADDRESS **MIAMI FL 33165** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 leceiver 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:

ENATURE AND TYPED OF MENTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Daytime Phone #

CR2E034 (1