**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K40782**

1. Corporation Name

MARIPOSA RESOURCES CORPORATION

| Principal Place<br>10330 SW 58TI<br>MIAMI FL 3315  | H CT.  | Mailing Address<br>10330 SW 58 CT<br>MIAMI FL 33156 |                                   |  |                                       |  |
|--|--|---|-----------------------------------|--|---------------------------------------|--|
| US US  |  |   |                                   | DO NOT WRITE IN THIS SPACE   |                                       |  |
|  |  |   |                                   | 3. Date Incorporated or Qualifed 10/25/1988  |                                       |  |
| 2. Principal Place of Business 2a. Mailing Address |  |   |                                   | 4. FEI Number  | Applied For                           |  |
| 21 1/32~1/40 S. Dixie Highway26                    |  |   |                                   | 65-0086386   | Not Applicable                        |  |
| Suite, Apt. #, etc. / Suite, Apt. #, etc. 27       |  |   |                                   | 5. Certifcate of Status Desired  | \$8.75 Additional<br>Fee Required     |  |
| City & State                                       | - 11a -7./   | City & State  |                                   | 6. Election Campaign Financing Trust Fund Contribution   | <b>\$5.00</b> May Be<br>Added to Fees |  |
| Zip 33 /   | Country  | Zip 29  | Country<br>30                     | This corporation owes the current year     Personal Property Tax.                                    | r Intangible<br>☐ Yes XNo             |  |
|  | 9. Name and Address of Curren  | t Registered Agent                                  |                                   | 10. Name and Address of New Register   | ed Agent                              |  |
| 01.115   | I IOUN O   |   | 81 Name                           |  |                                       |  |
| CHIN, JOHN Q<br>10830 SW 113 PLACE                 |  |   | 82 Street A                       | 82 Street Address (P.O. Box Number is Not Acceptable)  |                                       |  |
| MIAMI FL 33176                                     |  |   | 83                                |  |                                       |  |
| }  | •  |   | 84 City                           |  | 85 Zip Code                           |  |
| office or re                                       | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligat | of Florida. Such change was :                       | authorized by the corpor          | orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap | e of changing its registered          |  |
| SIGNATURE  |  | 4.0.  |                                   | DATE   |                                       |  |
| 12.  | Signature, typed or printed name of registered agen  | D DIRECTORS   | E: Registered Agent signature re- | ADDITIONS/CHANGES TO OFFICERS  |                                       |  |
| TITLE  | DP OF TOLING AN  | ☐ DELETE  | 1.1 TITLE                         | D. V M   | Change Addition                       |  |
| NAME   | ROMKEY, TOM  |   | 1.2 NAME                          | <b>J</b> . V   | 7 -                                   |  |
| STREET ADDRESS                                     | 10330 SW 58TH CT   |   | 1.3 STREET ADDRESS                |  |                                       |  |
| CITY-ST-ZIP  | MIAMI FL   |   | 1.4 CITY-ST-ZIP                   |  |                                       |  |
| TITLE  | DVTS   | ☐ DELETE  | 2.1 TITLE                         | D. P. S. T   | Change Addition                       |  |
| NAME   | ROMKEY, MAY  |   | 2.2 NAME                          | J. 1. J. 1   | `                                     |  |
| STREET ADDRESS                                     | 10330 SW 58 CT   |   | 2.3 STREET ADDRESS                |  |                                       |  |
| CITY-ST-ZIP  | MIAMI FL   |   | 2 4 CITY-ST-ZIP                   |  |                                       |  |
| TITLE  |  | DELETE  | 3.1 TITLE                         |  | Change Addition                       |  |
| NAME   |  |   | 3.2 NAME                          |  |                                       |  |
| STREET ADDRESS                                     |  |   | 3.3 STREET ADDRESS                |  | İ                                     |  |
| CITY-ST-ZIP  |  |   | 3.4. CITY-ST-ZIP                  |  |                                       |  |
| TITLE  | <del></del>  | ☐ DELETE  | 4.1 TITLE                         |  | ☐ Change ☐ Addition                   |  |
| NAME   |  |   | 4 2 NAME                          |  | Į.                                    |  |

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.

4.3 STREET ADDRESS 4.4 CITY+ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

DELETE

☐ Change

☐ Change

May 06, 1999 8:00 am Secretary of State

05-06-1999 90188 025 \*\*\*158.75

Addition

☐ Addition