

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90007 020 \*\*\*550.00

**DOCUMENT # K99312**

1. Corporation Name

**ANTILLES EQUITY CORP.**

Principal Place of Business

**NARCOA PLAZA  
5870 SW 8TH ST.  
MIAMI FL 33144**

Mailing Address

**NARCOA PLAZA  
5870 SW 8TH ST.  
MIAMI FL 33144**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/30/1989**

4. FEI Number

**65-0206029**

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. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

22 City & State

**24** Zip **25** Country

2a. Mailing Address

**26** **AMKGS Registered Agents Inc**

Suite, Apt. #, etc.

**27** **1 SE 3rd Ave., Suite 1980**

City & State

**28** **Miami FL**

**29** Zip **33131**

**30** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**81** Name **AMKGS Registered Agents Inc**

**82** Street Address (P.O. Box Number is Not Acceptable)

**One SE 3rd Avenue**

**83** **Suite 1980**

**84** City **Miami**

**FL** **85** Zip Code **33131**

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 **Garcia, Vice President** **7-28-99**

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 **PT** ☒ DELETE  
NAME **PENICHER, AGUSTIN VEGA**  
STREET ADDRESS **5870 SW 8TH ST.**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **V** ☒ DELETE  
NAME **MESTRE, RAMON**  
STREET ADDRESS **5870 SW 8TH ST.**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **V** ☒ DELETE  
NAME **SANCHEZ, AGUSTIN VEGA**  
STREET ADDRESS **5870 SW 8TH ST.**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **S** ☐ DELETE  
NAME **ESCAGEDO, ANA MARIA ESO**  
STREET ADDRESS **1980 SUN TRUST INTERNATIONAL CENTER**  
CITY-ST-ZIP **ONE SE THIRD AVE MIAMI FL**

TITLE **VA** ☐ DELETE  
NAME **VEGA, ALEIDA S.**  
STREET ADDRESS **5870 SW 8TH ST**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **A** ☐ DELETE  
NAME **VEGA DE MADRAZO, MARGARITA**  
STREET ADDRESS **5870 SW 8TH ST**  
CITY-ST-ZIP **MIAMI FL 33144**

1.1 TITLE **S** ☐ Change ☒ Addition  
1.2 NAME **Vega de Torre, Cristina**  
1.3 STREET ADDRESS **5870 SW 8th Street**  
1.4 CITY-ST-ZIP **Miami FL 33144**

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

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

4.1 TITLE **AG** ☒ Change ☐ Addition  
4.2 NAME **Escagedo, Ana Maria Esq.**  
4.3 STREET ADDRESS **1980 Sun Trust International Center**  
4.4 CITY-ST-ZIP **One SE Third Ave Miami FL**

5.1 TITLE **P/T/D** ☒ Change ☐ Addition  
5.2 NAME **Vega, Aleida S.**  
5.3 STREET ADDRESS **5870 SW 8th Street**  
5.4 CITY-ST-ZIP **Miami FL 33144**

6.1 TITLE **VP** ☒ Change ☐ Addition  
6.2 NAME **Vega de Madrazo, Margarita**  
6.3 STREET ADDRESS **5870 SW 8th Street**  
6.4 CITY-ST-ZIP **Miami FL 33144**

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: **Garcia, Vice President** **7-28-99** **305-373-6600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)