1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

1.8.8	CORP

## FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90174 023 \*\*\*150.00

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Principal Place of Business	Mailing Address			r (2011-0): and gills blist (brist lains 1564, bills, brain eter) alstraten asstraten				
1313 PONCE DE LEON BLVD. #300	1313 PONCE DE LEON BLVD. #300			DO NOT WRITE IN THE	S SPACE			
CORAL GABLES FL 33134		CORAL GABLES FL 33134						
US	US			3. Date Incorporated or Qualifed				
				04/20/1990				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21	26	26			0187832 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	City & State			C. Election Commoion Financing	\$5.00 May Be			
City & State	— ·		. *	6. Election Campaign Financing  Trust Fund Contribution	Added to Fees			
23	28		<del></del>					
Zip Country		untry		8. This corporation owes the current year to	ntangible			
24 : 25	29 30	29 30			Personal Property Tax. Yes XNo			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	The state of the s	81	Name		÷			
RIVERO, MANUEL L			5: 3444	(DO Double basis blat Assessable)				
1313 PONCE DE LEON BLVD.		82 Street Addre		ss (P.O. Box Number is Not Acceptable)				
SUITE 300		83	·					
CORAL GABLES FL 33134								
Side of the first of the first		84	City	F'	85 Zip Code			
		لــــــــــــــــــــــــــــــــــــــ		•	st changing its registered			
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes, the	apove	e-named corpor	ration submits this statement for the purpose the	nintment as registered			

office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: D	anistered Agent signature require		DATE	ije simi Programija	
	Signature, typed or printed name of registered agent and title in OFFICERS AND DIRE	legistered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		DELETE	1.1 TITLE	ADDITIONOR	THIOLOTO OF THE LITER	Change	Addition
TITLE 1	P STANLOG STANDS	- Deterie					
NAME	CEBALLOS, FELIPE		1.2 NAME				
STREET ADDRESS	CERRO DEL HORNO 21		1.3 STREET ADDRESS				
CITY-ST-ZIP	MEXICO D.F., MEXICO		1,4 CITY-ST-ZIP				
TITLE	\$	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	CEBALLOS MARIA E.		2.2 NAME				
STREET ADDRESS	CERRO CEL HORNO 21		2.3 STREET ADDRESS				
CITY-ST-ZIP	MEXICO D.F., MEXICO		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	,	•	☐ Change	☐ Addition
NAME	and the second s	•	3.2 NAME				
STREET ADDRESS	and the same of th		3.3 STREET ADDRESS	<del>-</del> ,	• •		· · -
CITY-ST-ZIP			3.4. CITY-ST-ZIP			_	_
TITLE	,	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME · i			4, 2 NAME				
STREET ADDRESS	•		4.3 STREET ADDRESS			•	
CITY-ST-ZIP			4.4 CITY+ST-ZiP				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	) . 51		5.2 NAME				
]		•	5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP	<del></del>	☐ DELETE	6.1 TITLE		·	Change	Addition
1II/E	15	- Dtret	6.2 NAME				
NAME (			Service Con				ŀ
STREET ADDRESS					•		
CITY-ST-ZIP			SANCING IN	_			

I hereby certify that the information supplied with this filing does not quality to indicated on this annual report or supplied annual report is true as officer or director of the corporation or the receiver or trustee empowers. Block 12 or Block 13 if changed, or an antachment with an address, which

stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in y signature shall have the same legal effect as if made under oath; that I am an under this report as required by Chapter 607, Florida Statutes; and that my name appears in like empowered.

**SIGNATURE**