

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90015 025 ***150.00

DOCUMENT # L98383

1. Corporation Name
MALTESE, INC.

Principal Place of Business

~~1. MICHAEL ORTIZ, PA.~~
~~2665 S. BAYSHORE DR. #902~~
~~MIAMI FL 33133~~
US

Mailing Address

~~2665 S. BAYSHORE DR.~~
~~SUITE 902 ATTN: MICHAEL ORTIZ~~
~~MIAMI FL 33133~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1990

4. FEI Number

65-0221755

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 c/o Ortiz

21 328 Minorca Avenue

Suite, Apt. #, etc.

22 2nd Floor

City & State

23 Coral Gables, FL

Zip

Country

24 33134

25 USA

2a. Mailing Address c/o Ortiz

26 328 Minorca Avenue

Suite, Apt. #, etc.

27 2nd Floor

City & State

28 Coral Gables, FL

Zip

Country

29 33134

30 USA

9. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
2665 S. BAYSHORE DR.
STE 902
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

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

328 Minorca Avenue

83 2nd Floor

84 City
Coral Gables,

FL

85 Zip Code
33134

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]

[Signature]

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ORTIZ, MICHAEL
STREET ADDRESS 2665 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 328 Minorca Avenue, 2nd Floor
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME S
2.3 STREET ADDRESS Lissette Benitez
2.4 CITY-ST-ZIP 328 Minorca Ave., 2FL, Coral Gables,
Florida 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)