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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M02352 1. Corporation Name

DEL CUETO CORPORATION

Principal Place of Business Mailing Address 2515 SW 7TH ST., SUITE 1 2515 SW 7TH ST., SUITE 1 MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/29/1984 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2426441 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip TΨ Nο Personal Property Tax. Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DEL CUETO, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 82 2515 SW 7TH ST., STE. 1 **MIAMI FL 33135** 83 Zip Code 85 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I be the purpose of changing its registered 11. Pursuant to the provisions of Sections 107.0502 and 60 ed by the comoration's board of directors. I be office or registered agent or both, agent, am familiar with, and acce ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 OFFICERS AND DIRECTORS 12. ☐ Change DELETE 1.1 TITLE TILE DEL CUETO, JOSE M. 1.2 NAME NAME 2515 SW 7TH ST., SUITE 1 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2.1 TITLE TITLE STD. 2.2 NAME NAME DEL CUETO, ELENA B. 2.3 STREET ADDRESS STREET ADDRESS 2515 SW 7TH ST., SUITE 1 2.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DELETE - -☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME 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 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 51 TM F TITLE 5.2 NAME

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90019 027 ***150.00



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6.4 CITY-ST-ZIP CITY-ST-ZIP e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. I hereby certify that the information supplied with this filling does not qualify for indicated on this annual report or supplemental annual report space and according to the control of the cont trate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director Block 12 or Block

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition