

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

DOCUMENT # M29655

1. Corporation Name

GRUPO CANAVERAL, INC.

Principal Place of Business

159 NW 85 COURT
MIAMI FL 33126

Mailing Address

159 NW 85 COURT
MIAMI FL 33126

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90013 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1986

4. FEI Number

59-2667648

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 MIAMI FLORIDA

29 Zip

33182

Country

30 USA

9. Name and Address of Current Registered Agent

CASTRO, CARLOS ALBERTO
1001 S. BAYSHORE DR. #2410
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME GONZALEZ, S. H. D.
STREET ADDRESS 159 NW 85 CT.
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE VD
NAME ZULETA, NELSON J
STREET ADDRESS 159 NW 85 CT.
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDS
1.2 NAME GONZALEZ-S. H. D.
1.3 STREET ADDRESS 12967 NW 9 STREET
1.4 CITY-ST-ZIP MIAMI FL 33182
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME ZULETA, NELSON J.
2.3 STREET ADDRESS 12967 NW 9 STREET
2.4 CITY-ST-ZIP MIAMI FL 33182
☒ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 1-805 480 0022

Date

Daytime Phone #

CR2E034 (11/98)