

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90089 048 \*\*\*150.00

DOCUMENT # M48558

1. Corporation Name  
DESERT CORPORATION

Principal Place of Business  
12190 SW 99TH ST  
MIAMI FL 33186

Mailing Address  
12190 SW 99TH ST  
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1987

4. FEI Number

59-2784847

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 8800 SW 104 Street

Suite, Apt. #, etc.

22 MIAMI

City & State

23 F

Zip

24 33176

Country

25 MIAMI Dade

2a. Mailing Address

26 8800 SW 104 Street

Suite, Apt. #, etc.

27 MIAMI

City & State

28 FLA

Zip

29 33176

Country

30 MIAMI Dade

9. Name and Address of Current Registered Agent

PEQUINO TOMAS  
12190 SW 99TH ST  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

TOMAS Pequeno

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

8800 SW 104 Ave

83

MIAMI

84 City

FL

85 Zip Code  
33176

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 PD ☐ DELETE

NAME PEQUENO, TOMAS  
STREET ADDRESS 12190 SW 99TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE VST ☐ DELETE

NAME PEQUENO, GLADYS  
STREET ADDRESS 12190 SW 99TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME PEQUENO, GLADYS  
STREET ADDRESS 12190 SW 99TH ST.  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8800 SW 104 Street  
MIAMI FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8800 SW 104 Street  
MIAMI FL

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:

*Tomás Pequeno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

598 625 ✓

Daytime Phone #

CR2E034 (11/98)

0254764