

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

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M52694** (0)
1. Corporation Name
APREMONT, INC.



Principal Place of Business 2600 SW 3RD AVE PENTHOUSE A MIAMI FL 33129-2343 US	Mailing Address 2600 SW 3RD AVE PENTHOUSE A MIAMI FL 33129-2343 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2808396	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent SOUTH FLORIDA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. #4750 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
		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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALTA, ANDRES	1.2 NAME	
STREET ADDRESS	2600 SW 3RD AVE. PHA	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	
TITLE	VTD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAMORRO, EDGER	2.2 NAME	
STREET ADDRESS	2600 SW 3RD AVE. PHA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALTA, CHRISTIAN F	3.2 NAME	
STREET ADDRESS	2600 SW 3RD AVE. PHA	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		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		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 on an attachment with an address.

SIGNATURE: _____

RESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98 (305) 860-0802
Date Daytime Phone #

CR2E034 (10/97)