2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M52694

1. Entity Name
APREMONT, INC.

Principal Place of Business	Mailing Address
2600 SW 3RD AVE PENTHOUSE A MIAMI, FL 33129-2343 US	2600 SW 3RD AVE PENTHOUSE A MIAMI, FL 33129-2343 US

DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2808396
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD.
#4750
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALTABA, ANDRES
STREET ADDRESS	2600 SW 3RD AVE. PHA
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VD
NAME	ACEVEDO, RAFAEL A
STREET ADDRESS	2600 SW 3RD AVE SUITE 800
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	SD
NAME	ALTABA, CHRISTIAN F
STREET ADDRESS	2600 SW 3RD AVE. PHA
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000090142340
04/30/04-80047-015 150.00

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____ A. ALTABA 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #