PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M76431 1. Corporation Name

IVACLA INVESTMENT, INC.

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Principal Place of Business		Mailing Address					t indiani di india nui alband	181 1181 51611 611			
2600 SW 3RD AVE.		C/O TOKAY INV.									
SUITE 800		P. O. BOX 450804 MIAMI FL 33245-0804				DO NOT WRITE IN THIS SPACE					
MIAMI FL 33129		MIRMI 1 C 33243-0004			İ	3.	Date Incorporated or Qualifed				
							04/13/1988			_	
2. Principal Place of Business		2a. Mailing Address				4.	FEI Number		<u> </u>	plied For	Fig.
21		26					98-0054119			t Applicable	1251.1537
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	. Certifcate of Status Desired	Æ	\$8.75 Additional Fee Required		34
22		27									
City & Stat	e	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
23	0	Zip	Cou	ntry		_	This corporation owes the curr	ent vear Inta		0.000	
Zip	Country	i	30	,,,,,		8.	Personal Property Tax.	Crit your mic	☐ Yes	□No	
24	25 9. Name and Address of Current		301			10.	Name and Address of New I	Registered /	gent		
	9. Name and Address of Current	t regional out regions		81 Na	ame						
ACEVEDO, RAFAEL A				82 St	root Addres	ress (P.O. Box Number is Not Acceptable)					
819	PARADISO AVE.			02 31	, incer Address	, s	.O. BOX (ABRIBATION TO THE CONTROL				
CORAL GABLES FL 33146				83							
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	to the provisions of Sections 607.050:				•			<u> </u>			ı
agent. I a	to the provisions of Sections 607.050. egistered agent, or both, in the State im familiar with, and accept the obligation of the state	nt and title if applicable. (NOTE:	: Registered	otes.		vhen	reinstating) (DATE			(80)
12.		ID DIRECTORS DELETE	13. 1.1 Ti	πς				TIOLING AIL	Change	Addition	1.5
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NAME	ACEVEDO, RAFAEL ANGEL		224	AME							
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CITY-ST-ZIP	CORAL GABLES FL 33146			TREET ADD	ORESS		ye y	ar or or	こくさんきゅう		
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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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90039 021 ***158.75