

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 # **M76431**

1. Corporation Name

IVACLA INVESTMENT, INC.

Principal Place of Business

**2600 SW 3RD AVE.
SUITE 800
MIAMI FL 33129**

Mailing Address

**C/O TOKAY INV.
P. O. BOX 450804
MIAMI FL 33245-0804**

FILED
Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90039 021 *****158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1988

4. FEI Number

98-0054119

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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ACEVEDO, RAFAEL A
819 PARADISO AVE.
CORAL GABLES FL 33146**

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 **P&D** ☐ DELETE

NAME **MARQUEZ, IVAN ANTONIO**
STREET ADDRESS **RES. PARQUE ACACIAS 3B, LA FLORIDA**
CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **V&D** ☐ DELETE

NAME **DE MARQUEZ, EGGLE MARILYN**
STREET ADDRESS **RES. PARQUE ACACIAS 3B, LA FLORIDA**
CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **STD** ☐ DELETE

NAME **ACEVEDO, RAFAEL ANGEL**
STREET ADDRESS **819 PARADISO AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)