

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90081 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000000309

1. Corporation Name

PARTIDO ORTODOXO, INC.

Principal Place of Business

200 SW 30 RD
MIAMI FL 33129

Mailing Address

200 SW 30 RD
MIAMI FL 33129

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-090 16 52	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		30			

8. Name and Address of Current Registered Agent

SUAREZ-BURGOS, MARCO A
200 SW 30 RD
MIAMI FL 33129

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	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	1.1 TITLE	☐ Change ☐ Addition
NAME	LORENZO, RUFINO	1.2 NAME	
STREET ADDRESS	18711 COLLINS, APT 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	
TITLE	T D	2.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, JOSE R	2.2 NAME	
STREET ADDRESS	200 SW 30 RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	2.4 CITY-ST-ZIP	
TITLE	S D	3.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ-BURGOS, MARCO A	3.2 NAME	
STREET ADDRESS	200 SW 30 RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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 617, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-99 985-954-1420

Date Designation

CR2E037 (1/98)