PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 AUG 13 PM 12:10

SECRETARY OF STATE

DOCUMENT # P02342 (4)

1. Corporation Name
PEGASUS(N.Y.)INC.

Principal Place of Business
17501 ROCKAWAY BLVD.
SUITE 209
JAMAICA ,N.Y. 11434

Mailing Address
17501 ROCKAWAY BLVD.
SUITE 209
JAMAICA , N.Y. 11434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
SUITE 203
City & State
Zip Country 26

2a. Mailing Address
Suite, Apt. #, etc.
27 SUITE 209
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/05/1984

4. FEI Number
11-2671761
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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent
ARGUELLO , LUIS
3601 N.W. 55th. street
MIAMI, FLORIDA 33142

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, EDUARDO 47-42 199 STREET BELSHING , NY	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUNTE, HANS 19380 WHISPERING PINES ROAD MIAMI,FLA.	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP		☐ Change ☐ Addition
13.1 TITLE V 13.2 NAME BUNTE, HANS 13.3 STREET ADDRESS 12821 SW 147 TERR.RD. 13.4 CITY-ST-ZIP MIAMI, FLA.		☐ Change ☐ Addition
14.1 TITLE / 14.2 NAME / 14.3 STREET ADDRESS / 14.4 CITY-ST-ZIP		☐ Change ☐ Addition
15.1 TITLE / 15.2 NAME / 15.3 STREET ADDRESS / 15.4 CITY-ST-ZIP		☐ Change ☐ Addition
16.1 TITLE / 16.2 NAME / 16.3 STREET ADDRESS / 16.4 CITY-ST-ZIP		☐ Change ☐ Addition
17.1 TITLE / 17.2 NAME / 17.3 STREET ADDRESS / 17.4 CITY-ST-ZIP		☐ Change ☐ Addition

FLORIDA PROFIT
-08/19/99--01018--014
****150.00 ****150.00

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 Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] HANS J.BUNTE 4-27-99 305-592-1111

[Signature and Title or Printed Name of Person Signing] [Date] [Business Telephone #]