

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 # P03607

1. Corporation Name
SANVADI INC.

Principal Place of Business

2600 SW 3RD AVE #800
MIAMI FL 33129
US

Mailing Address

PO BOX 450804
MIAMI FL 33245-0804
US

FILED
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90001 013 ****158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1984

4. FEI Number

98-0072863

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

9. Name and Address of Current Registered Agent

ACEVEDO, RALPH A.
2600 S.W. THIRD AVENUE
STE 800
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

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 DPT
NAME SANCHEZ MONTES, ANTONIO
STREET ADDRESS AV LIBERTADOR, CHACAO
CITY-ST-ZIP CARACAS, VENEZUELA

☐ DELETE

TITLE DV
NAME VADILLO, JOSE IGNACIO
STREET ADDRESS AV LIBERTADOR, CHACAO
CITY-ST-ZIP CARACAS, VENEZUELA

☐ DELETE

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

☐ DELETE

TITLE D
NAME VADILLO, INGACIO JR
STREET ADDRESS AVDA RIO CAURA, PRADOS DEL ESTE
CITY-ST-ZIP CARCAS VE

☐ DELETE

TITLE D
NAME ORRO SANCHEZ, ANTONIO RICARD
STREET ADDRESS AVDA RIO CAURA PRADOS DEL ESTE
CITY-ST-ZIP CARACUS VE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)