## FILÉ 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 # **P32155**

1. Corporation Name

LEGAS INVESTMENT, S.A. INCORPORATED

Principal Place of Business Mailing Address

May 06, 1999 8:00 am Secretary of State

05-06-1999 90164 025 \*\*\*150.00



MIAMI FL 33145-3053		3400 CORAL WAT. SUITE 600 MIAMI FL 33145-3053			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					12/18/1990
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0266827 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be
23	<u></u>	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Current	Registered Agent	<del>-   2</del>	1 41-	10. Name and Address of New Registered Agent
DIA	7 AMDAOO D		81	Nan	lame
DIAZ, AMPARO R. 3400 CORAL WAY, SUITE 600			82	Street Address (P.O. Box Number is Not Acceptable)	
MIAI	MI FL 33145		83	t —	
			84	City	ity 85 Zip Code
				City	FL   FL
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above	e-nam	amed 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		13.	n signati	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABUMOHOR, NICOLAS		1.2 NAME		
STREET ADDRESS	3400 CORAL WAY, SUITE 600		1.3 STREE	T ADDRE	ORESS .
CITY-ST-ZIP	MIAMI FL 33145-3053		1.4 CITY-5	T-ZIP	,
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ABUMOHOR, CARLOS		2.2 NAME		
STREET ADDRESS	3400 CORAL WAY, SUITE 600	j	2.3 STREET	TADDRE	DRESS
CITY-ST-ZIP	MIAMI FL 33145-3053		2. 4 CITY-S	T-ZIP	>
TITLE	S	☐ D€LETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, AMPARO R.		3.2 NAME		
STREET ADDRESS	3400 CORAL WAY, SUITE 600		3.3 STREET	FADDRE	IRESS .
CITY-ST-ZIP	MIAMI FL 33145-3053		3.4. CITY-S	T-ZIP	
TITLE	TD	☐ DELETE	4,1 TITLE		Change Addition
NAME	ABUMOHOR, RENE	j	4.2 NAME		
STREET ADDRESS	3400 CORAL WAY, SUITE 600		4,3 STREET	ADDRE	PRESS
CITY-ST-ZIP	MIAMI FL 33145-3053		4.4 CITY-S	1-ZIP	+
TITLE		☐ DELETE	5,1 TITLE		☐ Change ☐ Addition
NAME		1	5.2 NAME		
STREET ADDRESS			5.3 STREET	r addre	RESS
CITY-ST-ZIP		<u>.</u>	5.4 CITY-S	T-ZIP	
TITLE	<del></del>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		1	6.2 NAME		
STREET ADORESS		Ī	6.3 STREET	FADDRE	IRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP