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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P34775

1. Corporation Name

SOUTH CROSS RENTAL COMPANY N.V.

Principal Place of Business

7370 COLLEGE PKWY
STE 210
FT MYERS FL 33907
US

Mailing Address

P.O. BOX 07307
FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1991

4. FEI Number

59-2784518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TERMOTTO, ROBERT J
7370 COLLEGE PKWY
STE 210
FT MYERS FL 33907

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 CP
NAME BUSTELLO, LUIS F
STREET ADDRESS CASILLA N O. 39095
CITY-ST-ZIP COLONIA UR

TITLE VC
NAME GONDRAN, VERONIQUE
STREET ADDRESS CASILLA NO. 39095
CITY-ST-ZIP COLONIA UR

TITLE VPST
NAME TERMOTTO, ROBERT J
STREET ADDRESS 7370 COLLEGE PKWY SUITE 210
CITY-ST-ZIP FT MYERS FL

TITLE VS
NAME TERMOTTO, ROBERT J.
STREET ADDRESS 7370 COLLEGE PKWY STE 210
CITY-ST-ZIP FT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP
1.2 NAME BUSTELO, LUIS F
1.3 STREET ADDRESS CASILLA NO. 39095
1.4 CITY-ST-ZIP COLONIA UR

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

3.1 TITLE VPST
3.2 NAME TERMOTTO, ROBERT J
3.3 STREET ADDRESS P.O. BOX 07307
3.4 CITY-ST-ZIP FT MYERS FL 33919

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

941-936-3336

Daytime Phone #

CR2E034 (11/98)