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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P92000005967

Corporation Na	RESOURCES GROUP, IN	NC.		ì) (SANGO) ICE CAUD ICAN BRIN ABNICADI	IN MAGNITARAN BANGKATARA	1881 1881
PORTFOLIO	HEOOGIOES CITES						
		Mailing Address		l			
Principal Place of Business		1101 BRICKELL AVE.	BRICKELL AVE.			· CDACE	
101 BRICKELL AVE.		SUITE 1401			DO NOT WRITE IN THIS SPACE		
ITE 1401 Ami FL 33131 .	· •	MIAMI FL 33131			3. Date Incorporated or Qualifed		1
AMI FL 33131	· ·				11/18/1992	Applie	ed For
•	·				4. FEI Number		pplicable
Principal Place	e of Business	2a. Mailing Address			65-0370652	\$8.75 Add	
l		26				Fee Requ	ired
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				\$5.00 M	
		27			6. Election Campaign Financing	→ Solution M	
City & State		City & State			Trust Fund Contribution		
3			Count		8. This corporation owes the current	t year Intangible ☐ Yes ☐	□No
Zip	Country	Zip	30	.,	Description Tax		
	25				10. Name and Address of New Reg	gistered Agent	
L	9. Name and Address of Currer	nt Registered Agent		31 Name			
			Ĺ		(D.O. Rox Number is Not Acceptable	le)	
LEWIS, LYNN B. P. 1390 BRICKELL AVENUE SUITE 280			Įŧ	B2 Street Addi	treet Address (P.O. Box Number is Not Acceptable)		11. 4), (4)
			<u> </u>	83			
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	93			
SUITE	280			1			
	00404	•	ţ	84 City	- 		
MIAM	FL 33131	502 and 607.1508, Florida Ste	atutes, the ab	pove-named corporat	poration submits this statement for the p ion's board of directors. I hereby accept	F <u>L </u>	
MIAM	o the provisions of Sections 607.05 gistered agent, or both, in the State of familiar with, and accept the oblig	gations of, Section Correction	atutes, the ab is authorized Florida Statu	by the corporatites.	poration submits this statement for the p ion's board of directors. I hereby accept red when reinstating)	ourpose of changing its the appointment as reg	registered jistered
MIAM	o the provisions of Sections 607.05 gistered agent, or both, in the State of familiar with, and accept the oblig	gent and title if applicable. (N	atutes, the abuse authorized Florida Statu	pove-named corporat		purpose of changing its the appointment as reg	registered jistered
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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 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 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 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 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 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 indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information and the same legal effect as if made under oath; that I am an indicated on this 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 indicated on this 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 indicated on this 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 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made u

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

TITLE

MIAMI FL

SOSA, JUAN I.

Jose Maraver, Managing Director Daytime Phone #