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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000047162 (1)**

1. Corporation Name
AMARETTO 13 CORPORATION

Principal Place of Business
635 ALLENDALE RD
KEY BISCAYNE FL 33149
164 CRANDON BLVD. SUITE 414 Key Biscayne, Fl 33149

Mailing Address
635 ALLENDALE RD 104 CRANDON BLVD
KEY BISCAYNE FL 33149-2010 SUITE 414
Key Biscayne, Fl 33149

2. Principal Place of Business
21 104 CRANDON BLVD
Suite, Apt. #, etc.
22 SUITE 414
City & State
23 Key Biscayne, FLORIDA
Zip 24 33149 Country 25 USA

2a. Mailing Address
26 104 CRANDON Blvd
Suite, Apt. #, etc.
27 Suite 414
City & State
28 Key Biscayne, FLORIDA
Zip 29 33149 Country 30 USA

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 08/16/1996
4. FEI Number: 65-0431176 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CUTHBERTSON, R. BRUCE
635 ALLENDALE RD
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
81 Name: EDUARDO X Pereira
82 Street Address (P.O. Box Number is not Acceptable): 104 Crandon Blvd, Suite 414
83
84 City: Key Biscayne FL 85 Zip Code: 33149

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] DATE
Signature of Officer or Director of Agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUTHBERTSON, R. BRUCE 635 ALLENDALE RD KEY BISCAYNE FL 33149 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEDRICO BREVE T TEGUCIGALPA, HONDURAS ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D FEDRICO BREVE T TEGUCIGALPA, HONDURAS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUXILIADORA P DE SANDINO FRENTE A LOS BOMBEROS GRANADA, NICARAGUA ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition D AUXILIADORA P DE SANDINO FRENTE A LOS BOMBEROS GRANADA, NICARAGUA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENRIQUE A PEREIRA 452 WARREN LN KEY BISCAYNE, FL, 33149 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D ENRIQUE A PEREIRA 452 WARREN LN Key BISCAYNE, FL 33149
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3/26/97 (305) 361 2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0208677