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

FILED
Apr 12, 1999 8:00 am
Secretary of State
04-12-1999 90022 033 ***150.00

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1. Corporation Name
AMARETTO 13 CORPORATION

Principal Place of Business	Mailing Address
104 CRANDON BLVD STE 414 KEY BISCAYNE FL 33149 US	104 CRANDON BLVD STE 414 KEY BISCAYNE FL 33149 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 CRANDON BLVD	2a. Mailing Address 26 104 CRANDON BLVD
Suite, Apt. #, etc. 22 SUITE 320	Suite, Apt. #, etc. 27 SUITE 320
City & State 23 KEY BISCAYNE, FL	City & State 28 KEY BISCAYNE, FL
Zip / Country 24 33149 25 US	Zip / Country 29 33149 30 US

3. Date Incorporated or Qualified: 07/06/1993

4. FEI Number: 65-0431176 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

PEREIRA, EDUARDO X.
104 CRANDON BLVD
STE 414
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: PEREIRA, EDUARDO X.
82 Street Address (P.O. Box Number is Not Acceptable): 104 CRANDON BLVD
83: SUITE 320
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	PEREIRA, ENRIQUE A.		1.2 NAME	PEREIRA, EDUARDO X.	
STREET ADDRESS	452 WARREN LN		1.3 STREET ADDRESS	104 CRANDON BLVD SUITE 320	
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANDINO, AUXILIADORA P		2.2 NAME		
STREET ADDRESS	FRENTE A LOS BOMBEROS		2.3 STREET ADDRESS		
CITY-ST-ZIP	GRANADA NI		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: E. Pereira RECEIVED 4.1.99 305-361-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #