PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 1. Corporation Name

P93000055696 (7)

ADRIMAR INVESTMENT CORP.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90070 024 ***150.00

Principal Place of Business Mailing Address								
International Representatives c/o Int'l Lumber Agencie								
10300 N.W. 121st Way 10300 N.W. 121st Way						DO NOT WRITE IN THIS SPACE		
Medley, Florida 33178 Medley, Florida				_		3. Date Incorporated or Qualifed		
					08/05/1993			
2. Principal Place of Business	2a	. Mailing Address				4. FEI Number		Applied For
<u> </u>	26	2 S. Biscayn	e Blv	d.		65-0447568		Not Applicable
Suite, Apt. #, etc.	20]	Suite, Apt. #, etc.					\$8.7	5 Additional
22	27 Suite 3400					5. Certifcate of Status Desired	• -	Required ·
City & State	1-:-1	City & State				6. Election Campaign Financing	\$5.0)0 May Be
23	28	Miami, Florida				Trust Fund Contribution		ed to Fees
Zip Country		Zip	Counti	у		8. This corporation owes the current year	r Intangible	
24 25	29	33131 3	o US	A		Personal Property Tax.	yes	□No
Name and Address of Current	Regis	stered Agent				10. Name and Address of New Register	ed Agent	
Lamag Togo A			8	1 Name	Val	ldes-Fauli Corporate Se	rvices.	Inc.
Lamas, Jose A.				2 Street		s (P.O. Box Number is Not Acceptable)		
c/o 10300 N.W. 121 Way					2 8	B. Biscayne Blvd.		
Medley, Florida 33178				3	Sui	te 3400		
			8	4 City			85 Z	ip Code
				l Mi		11 LLL	-L	33131
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 an VALUE State of agent. I an VALUE State of	å ir∄- bt	(SEPTOTEOPES), FNC	la Statute	s.	oralion	s board of directors. Thereby accept the ap	pontanent a	registered
SIGNATURE BY: MINING	Q				li.	President Februa	ry 19,	1999
Signature, typed or printed name of registered ageny and title if applicable. (NOTE: Registered Agent signature required when re								
12. OFFICERS AND	DIRE		13.		T-5	ADDITIONS/CHANGES TO OFFICERS	Chan	
Tomas Toss 7		☐ DELETE	1.1 TITLE		P		☐ Crian	de ŠŽi vaginou
NAME Lamas, Jose A. STREET ADDRESS C/O 10300 N.W. 121 W	7-33.7		1.2 NAME			nas, Jose A.		ĺ
orv.si.zip Medley, Florida 3317	_			ET ADDRESS		10300 N.W. 121 Way		
3// 3/ 2	0	D DELETE	1.4 CITY-		Mec	lley, Florida 33178	☐ Chan	ge 🔣 Addition
TITLE D		☐ DELETE	2.1 TITLE		5			ge <u>pc</u> Addition
NAME Shojaee, Maria L.						ojaee, Maria L.		Į
STREET ADDRESS C/O 10300 N.W. 121 Way						10300 N.W. 121 Way		j
CITY-ST-ZIP Medley, Florida 3317	8		2.4 CITY)	<u>lley -Florida 33178</u>	. Chan	an Fol Addition
TITLE D	_	☐ DELETE	3.1 TITLE		T		∐ Cilali	ge 🔀 Addition
NAME Villanueva, Alejandr		.	3.2 NAME			lanueva, Alejandra L.		}
street ADDRESS C/O 10300 N.W. 121 Way						10300 N.W. 121 Way		j
CITY-ST-ZIP Medley, Florida 3317	8	OFICTE	3.4. CITY		Med	lley, Florida 33178	☐ Chan	ge 🗌 Addition
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NAME			4. 2 NAM					ł
STREET ADDRESS			•	ET ADDRESS				
CITY-ST-ZIP		- Delete	4.4 CITY-	ST-ZIP			Chan	no El Addition
TITLE		☐ DELETE	5.1 77TLE 5.2 NAME				☐ Chan	ge [] Addition]
NAME			1	TADDRESS				Ì
STREET ADDRESS			5.3 STRE					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		-		☐ Chan	ge [] Addition
TITLE		□ pereie	6.2 NAME					- L'Addition
NAME					ļ			
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			64 CITY-	SI-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 supplementar annual eport 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 trostee 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 each attachment with an address, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Lamas,