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May 14, 1999 8:00 am
Secretary of State

05-14-1999 90004 017 ***150.00
05-14-1999 90004 018 *****8.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P93000056023**

1. Corporation Name
REDES INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
%JOSE M. REVUELTA 3157 S.W. 111TH AVE. MIAMI FL 33165	PO BOX 65-1621 MIAMI FL 33265 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/10/1993

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 65-0427939 ☐ 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

REVUELTA, JOSE M.
3157 SW 111TH AVE.
~~999 PONCE DE LEON BLVD., SUITE 1150~~
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: JOSE M. REVUELTA
82 Street Address (P.O. Box Number is Not Acceptable): 3157 SW 111 AVE.
83
84 City: MIAMI FL 85 Zip Code: 33165

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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REVUELTA, JOSE M		1.2 NAME	
STREET ADDRESS	3157 S.W. 111TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GUERRERO, EVARISTO		2.2 NAME	
STREET ADDRESS	VIA TANGANICA BJ2 BOSQUE DE LAGO ENCANTADA		2.3 STREET ADDRESS	
CITY-ST-ZIP	TRUJILLO ALTO, PUERTO RICO		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MIGUEL DE LA SOTA		3.2 NAME	
STREET ADDRESS	1715 SEGRE ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	RIO PIEDRAS HEIGHTS P. 00926		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MIGUEL A. ARIAS		4.2 NAME	
STREET ADDRESS	473 BLANDING BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		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	

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: JOSE M. REVUELTA, PRES 4-28-99 305-225-9225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)