

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000064628 (9)

1. Corporation Name

HUBERT LANDO INTERNATIONAL, INC.

Principal Place of Business

1200 NW 78 AVENUE  
SUITE 209  
MIAMI FL 33126

Mailing Address

1200 NW 78 AVENUE  
SUITE 209  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1993

4. FEI Number

65-0436719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

SOMBERG, NORMAN  
7700 NORTH KENDALL DRIVE  
SUITE 610  
MIAMI FL 33156

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

ESTAY, JULIO E

STREET ADDRESS

2333 PRICKELL AVE, APT 1101

CITY-ST-ZIP

MIAMI FL 33129

TITLE

VP

☐ DELETE

NAME

MILES, GABRIELA

STREET ADDRESS

9351 FOUNTAINBLEAU BLVD #311

CITY-ST-ZIP

MIAMI FL 33172

TITLE

S

☒ DELETE

NAME

ESTAY, GRETA

STREET ADDRESS

2333 BRICKELL AVE, APT 1101

CITY-ST-ZIP

MIAMI FL 33129

TITLE

AS

☐ DELETE

NAME

MURATI, PATRICIA

STREET ADDRESS

10639 NW 54TH STREET

CITY-ST-ZIP

MIAMI FL 33178

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PRESIDENT

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

VP and Treasurer

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

SECRETARY

☐ Change

☒ Addition

5.2 NAME

GEORGE, LAURA

5.3 STREET ADDRESS

150 OCEAN LANE DRIVE #9A

5.4 CITY-ST-ZIP

KEY-BISCAYNE, FL. 33149

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

GABRIELA MILES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0173851

CR2E034 (10/97)