

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90009 035 ***150.00

0206911

DOCUMENT # P93000073661

1. Corporation Name
STIRLING ROAD CORP.

Principal Place of Business

205 E SAN MARINO DR
MIAMI BEACH FL 33139
US

Mailing Address

205 E SAN MARINO DR
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1993

4. FEI Number

65-0442320

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEL VALLE, IGNACIO G
2333 PONCE DE LEON BLVD
STE 650
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
DEL VALLE, IGNACIO G.
82 Street Address (P.O. Box Number is Not Acceptable)
CARLTON FIELDS, 4000 NATIONS BANK
83 Tower, 100 SE 2nd STREET
84 City
MIAMI
85 Zip Code
FL 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BLANCO, FRANCISCO E
2333 PONCE DE LEON BLVD #650
CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BLANCO, FRANCISCO J
6801 SW 75 AVE
MIAMI FL 33143 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
DEL ROSAL, JORGE L JR
9400 SW 116TH ST
MIAMI FL 33176 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLANCO, JORGE A
7440 SW 68 ST
MIAMI FL 33143 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEL ROSAL, VIRGINIA
7215 SW 54TH CT
MIAMI FL 33143 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEL ROSAL WILSON, ELENA
10740 SW 74 CT
MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (305) 447-8697
Date Daytime Phone #

CR2E034 (1/98)