

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

DOCUMENT # P94000015289

1. Corporation Name

SIERRALTA SHOW BUSINESS, INC.

Principal Place of Business

4301 GATE LN
MIAMI FL 33137
US

Mailing Address

4301 GATE LN
MIAMI FL 33137
US

2. Principal Place of Business

21 601 COLLINS AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 1413-20 ST

Suite, Apt. #, etc.

27 UNIT - 606

City & State

23 MIAMI BEACH FL

Zip

Country

24 33139

25 MIAMI-DADE

City & State

28 MIAMI BEACH FL

Zip

Country

29 33139

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

MIGUEL SIERRALTA
4301 GATE LN
4411 SABAL PALM ROAD
MIAMI FL 33137

3. Date Incorporated or Qualified

02/15/1994

4. FEI Number

65-0483419

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1413-20 ST UNIT- 606

83

84 City

MIAMI BEACH

FL

85 Zip Code
33139

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

TITLE PST ☐ DELETE

NAME SIERRALTA, MIGUEL

STREET ADDRESS 4301 LN

CITY-ST-ZIP MIAMI FL 33137

TITLE V ☐ DELETE

NAME ANNETTE CAROLINA CRISTANCHO

STREET ADDRESS 4301 LANE

CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1413-20 ST UNIT- 606

1.4 CITY-ST-ZIP

MIAMI BEACH FL 33139

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

1413-20 ST UNIT- 606

2.4 CITY-ST-ZIP

MIAMI BEACH FL 33139

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

305-673-2429

Daytime Phone #

CR2E034 (11/98)

02/01/2001

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90080 012 ***150.00



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