

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 # P94000049274

1. Corporation Name
PHOENETIA INVESTMENTS, INC.

Principal Place of Business
914 STANTON DRIVE
FORT LAUDERDALE FL 33326

Mailing Address
914 STANTON DRIVE
FORT LAUDERDALE FL 33326

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90002 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/28/1994

4. FEI Number
65-0521764

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 2436 DEER CREEK ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 2436 DEER CREEK ROAD
Suite, Apt. #, etc.

22 City & State

23 WESTON - FLORIDA

24 33327 25 U-S-A

27 City & State

28 WESTON - FLORIDA

29 33327 30 U-S-A

9. Name and Address of Current Registered Agent

REBOREDO, GASTON
336 SEVILLA AVE., STE. 102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name RAFAEL LANDA
82 Street Address (P.O. Box Number is Not Acceptable)
2436 DEER CREEK ROAD
83
84 City WESTON FL 85 Zip Code 33327

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 RAFAEL LANDA (DIRECTOR - PRESIDENT) 4/12/99
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	DP	<input type="checkbox"/> DELETE
NAME	LANDA, RAFAEL	
STREET ADDRESS	914 STANTON DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GRILLO, FIORELLA	
STREET ADDRESS	914 STANTON DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LANDA, RAFAEL	
1.3 STREET ADDRESS	2436 DEER CREEK ROAD	
1.4 CITY-ST-ZIP	WESTON - FL - 33327	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRILLO, FIORELLA	
2.3 STREET ADDRESS	2436 DEER CREEK ROAD	
2.4 CITY-ST-ZIP	WESTON - FL - 33327	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: RAFAEL LANDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date

(954) 389-8310
Daytime Phone #

CR2E034 (11/98)