**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000056135

EL DUQUE GROUP INC.

Principal Pla	on of Burings		<del></del>		
Principal Place of Business Mailing Address					aniai aista Etibi itabā (tibi Diti iSQI
517 NW 12TH		517 NW 12TH AVE			
MIAMI FL 33136				DO NOT WRITE IN	THIS SDACE
				3. Date Incorporated or Qualified	THIS OF ACE
				07/28/1994	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26				65-0507484	Not Applicable
Suite, Apt. #, etc.     Suite, Apt. #, etc.       22     27			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			•	6. Election Campaign Financing	\$5.00 May Be
23 28			Trust Fund Contribution	Added to Fees	
<b>⊢</b> ·	Zip Country Zip		Country	8. This corporation owes the current year	ar Intangible
24 25 29 9. Name and Address of Current Registered Agent			30	Personal Property Tax.	☐ Yes ☐ No
		Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
DOI	RTA, CLARA C	A STATE OF THE STA	81 Name		
11903 SW 34TH STREET			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
MIAMI, FLORIDA			83		70.41 * 1.5 The 1.31 * 2.41 * 1.41 * 7.1
MIAMI FL 33175			63		
		,	84 City	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code
11 Pirreuant	to the provisions of Sections 607 0503	and 607 4600 Flexies Obstacle			FL
				rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered
<b></b>	and accept the daligate	ons of, Section 607.0505, Flori	ida Statutes.		, and the registered
SIGNATURE	Signature, typed or printed name of registered agent	and little if emplicable (NOTE)	Dominion of Association		*,
12.	· OFFICERS AND		Registered Agent signature requi		
TITLE	D	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME .	DORTA, GONZALO J	* •	1.2 NAME		C change (C) Addition
STREET ADDRESS			1.3 STREET ADDRESS		* 3
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP		
TITLE	D	· DELETE	2.1 TITLE		Change Addition
NAME	DORTA, CLARA C		2.2 NAME		
STREET ADDRESS	% 11903 SW 34TH ST	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2. 4 CITY-ST-ZIP	•	
TITLE CLOSS	D	DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME	DORTA, MATIAS R		3.2 NAME		
STREET ADDRESS	% 11903 SW 34TH ST		3.3 STREET ADDRESS		• .
CITY-ST-ZIP	MIAMI FL 33175 3.4. CITY-ST-ZIP		10000000000000000000000000000000000000		
TITLE SAROY	Maria and the	☐ DELETE	4.1 TITLE		Change Addition
NAME	· · · · · · · · · · · · · · · · · · ·	511 1	4. 2 NAME	" **. (	
STREET ADDRESS	nnie K		4.3 STREET ADDRESS		}
CITY-ST-ZIP		1.	4.4 CITY-ST-ZIP		<u> </u>
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	4	
STREET ADDRESS			5.3 STREET ADDRESS		
OTTV OT 78D	0		<b>.</b>		

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 or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

**Markiya**s con

☐ DELETE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90017 018 \*\*\*150.00

☐ Change

Addition