

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
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90010 012 ***150.00

DOCUMENT # P94000056428

1. Corporation Name
CIAC, INC.

Principal Place of Business

780 NW 42 AVE
SUITE 324
MIAMI FL 33126
US

Mailing Address

780 NW 42ND AVE
SUITE 324
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1994

4. FEI Number

65-0508272

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 17100 Collins Ave.

Suite, Apt. #, etc.

22 # 119

City & State

23 Miami, Fl.

Zip

24 33160

Country

25 Dade

2a. Mailing Address

26 17100 Collins Ave.

Suite, Apt. #, etc.

27 # 119

City & State

28 Miami, Fl.

Zip

29 33160

Country

30 Dade

9. Name and Address of Current Registered Agent

ALVAREZ, CESAR
7270 N.W. 12TH ST.
#560
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Alvarez, Cesar

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

17100 Collins Avenue #119

83

84 City

N.Miami Beach

85

Zip Code

33160

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 PSD ☐ DELETE

NAME ALVAREZ, CESAR
STREET ADDRESS 780 NW 42 AVE, SUITE 324
CITY-ST-ZIP MIAMI FL 33126

TITLE VD ☐ DELETE

NAME GARCIA, MANUEL
STREET ADDRESS 780 NW 42 AVE, SUITE 324
CITY-ST-ZIP MIAMI FL 33126

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 PSD ☐ Change ☐ Addition

1.2 NAME Alvarez, Cesar
1.3 STREET ADDRESS 17100 Collins Avenue, #119
1.4 CITY-ST-ZIP N.Miami Beach, Fl. 33160

2.1 TITLE VD ☐ Change ☐ Addition

2.2 NAME Garcia, Manuel
2.3 STREET ADDRESS 17100 Collins Avenue, #119
2.4 CITY-ST-ZIP N.Miami Beach, Fl. 33160

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

Date

Daytime Phone #

CR2E034 (1/1/98)

0182423