

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90148 003 \*\*\*150.00

DOCUMENT # P94000075405

1. Corporation Name  
ALADAN INTERNATIONAL CORPORATION

Principal Place of Business

7833 NW 72 AVE  
MIAMI FL 33166  
US

Mailing Address

P.O. BOX 527408  
MIAMI FL 33152  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

4. FEI Number

65-0529079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

☐

No

2. Principal Place of Business

21 6955 NW 52 ST

2a. Mailing Address

26 Suite, Apt., etc.

22 Suite, Apt., etc.

27 Suite, Apt., etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33166

Country

25 USA

Zip

29 33152

Country

30 US

9. Name and Address of Current Registered Agent

CASTILLO & ASSOCIATES  
1390 BRICKELL AVENUE, SUITE 200  
ATTENTION: CASTILLO B, ALVARO, ESQ.  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 re/instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MASSO, ALFREDO  
STREET ADDRESS 7837 NW 72ND AVE  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MASSO, ANDREINA  
STREET ADDRESS 7837 NW 72ND AVE  
CITY-ST-ZIP MIAMI FL

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 MASSO, ALFREDO  
1.3 STREET ADDRESS 6955 NW 52nd street  
1.4 CITY-ST-ZIP MIAMI FL 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MASSO, ANDREINA  
2.3 STREET ADDRESS 6955 NW 52nd ST.  
2.4 CITY-ST-ZIP MIAMI FL 33166

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:

SIC ☒ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 305-7789846

Date

Daytime Phone #

CR2E034 (11/98)

0222263