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 # P9400079880

1. Corporation Name

ONAL, INC.

	IIGE	RI	11E	HNA	۱II
Pri	ncipal	Plac	e of	Busin	ess
SUI	00 BIS TE 217 MI FL		-	.VD.	
2.	Princi			of Bu	
22	Suite,	Apt.	#, e		
23	City &			/_,	
Ь	Zip	21	21		г

Mailing Address

12000 BISCAYNE BLVD.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90056 008 ***150.00



SUITE 217 MIAMI FL 33181	· · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE			
			3. Date incorporated or Qualifed 10/31/1994			
2. Principal Place of Business	2a. Mailing Address	1	4. FEI Number	Applied For		
1010 N.W. 115	T 26 1010 NW 11	1 <i>5T</i>	65-06392 <u>68</u>	Not Applicable		
Suite, Apt. #, etc. 22 # 203	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 Migmi FLORA	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 33136 Country USA		untry USA	This corporation owes the current year Interpretation Personal Property Tax.	angible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
KAHN, PATRICIA E ESQ.		81 Name K	AHN, PATRICIA E ESC	<i>و</i> .		
3326 MARY STREET		82 Street Address (P.O. Box Number is Not Acceptable) 33 26 MARY STREET 年 よつユ				
SUITE 202 MIAMI FL 33133		83	,			
		84 City Mi	AM: FL	85 Zip Code 33/333		
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: Re	gistered Agent signature :	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT		Change	☐ Addition
NAME	DONATELLI PINTO, AGILDO		1.2 NAME	DONATELLI	PINTO, AGILDO		
STREET ADDRESS	12000 BISCAYNE BLVD., SUITE 216		1.3 STREET ADDRESS	1010 N.W.	1157 # 203		
CITY-ST-ZIP	MIAMI FL 33181		1.4 CITY-ST-ZIP	miami,	2 33136		
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		_	2.4 CITY-ST-ZIP				
TITLE	•	☐ DELETE	3.1 TITLE		المسيدات والمحال	☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		·	☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		_	5.4 CITY- ST- ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				
14 I hereby c	ertify that the information supplied with this filing does	not quality for th	e/exemption state	d in Section 119 07(3)	Florida Statutes, I further ce	ertify that the in	formation

Indicated on this annual report or supplied with mis lining does not qualify for inspectinguous stated in Section 119.07(3)(f), rionad statutes. If 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 of dustree emplowered 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.