FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000006693

1. Corporation Name

GRUPO VERA ANDRADE INC.

Principal Flace of Business

Mailing Address

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90205 037 ***150.00



800 CLAUG-ITON ISLAND DR APT 1801-1802 MIAMI FL 33131			800 CLAUGHTON ISLANE DR APT 1801-1802 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/24/1995				
2. Principal Pl	lace of Business		2a, Mailing Address	_		4. FEI Number		A	palied For	
21 800	M	2 Dondal		ughton Island	20	65-0548977		N	o Applicable	
Suite, Apt.	#. etc.	72619 71	Suite, Apt. #, etc.	O-VICTORI SOLOMA				\$8.75	Additional	
22 A 27	1801-180	2	27 April 1801	- 1802		5. Certificate of Status Desired		Fee R	e juired	
City & State		City & State			6. Electic n Campaign Financing \$5.00 May Be			May Be		
23 Miani FL			28 Niani FL.			Trust Fund Contribution Added to Fees				
Zip 24 331 3	Count	ry	Zip 29 33\3\	Country 30		This corporation owes the curl Personal Property Tax.		Y Yes	□No	
	9. Name and Add r	ess of Current	Registered Agent			10. Name and Address of New	Registered	Agent		
RODI 777 SUIT MAA		81 Name 82 Street 83 S 84 City	(nd	riave? Jose A ss (PD. Bo: Number is Not Accept Brickell Ave.	able)	85 Zip	Code			
<u> </u>					<u>يەن</u>	<u>ni</u>	<u> </u>	- 3	3131	
11. Pursuant	to the provisions of So	ctions 607.0502	and 607.1508, Florida Statu	tes, the above-named	d corpor	ation submits this statement for the	purpose of of the appo	f changing its Intment as re	s registered egistered	
agent. I a	m familiar with, and	cept the obligat of	ns of, Section 607.0505, E	orida Statutes.		's board of directors. I hereby acce	. /	·	·	
SIGNATURE	The state of	117	F.4.				04/0	6/99		
	Signature, typed or printed nag	e of egiste ed age a		E. Registered Agent signature	req iired v		TIOTE N	UD DIDECTO	200 IN 42	8
12.		OFFICERS ANI	DELETE	13.	$_{T}-$	ADDITIONS/CHANGES TO OF	FICERS N	Change	Addition	CR2E034 (11/98)
TITLE /	DPT		Ü DECE IE	1.1 TITLE				onlings		
NAME	VERA, WALTER R			1.2 NAME						ී
STREET ADDRESS	800 CLAUGHTON	island dr		1.3 STREET ADDRESS	5					2E
CITY-ST-ZIP	MIAMI FL 33131			14 CITY-ST-ZIP				Change	Addition	1 X
TITLE	DSV		☐ DELETE	2 1 TITLE				Change	Addition	-
NAME.	vera, anamaria			2.2 NAME						ı
STREET ADDRESS	-800 CLAUGHTON	ISLAND DR		- 2.3 STREET ADDRESS	3	<u>-</u> · -			_	l
CITY-ST-ZIP	MIAMI FL 33131			2. 4 CITY-ST-ZIP	<u> </u>			Change.	Addition	
TITLE			☐ DELETE	3.1 TITLE				☐ Change	Addition	Į
NAME				3.2 NAME						l
STREET ADDRESS				3.3 STREET ADDRESS	3					
CITY-ST-ZIP				3.4. CITY-ST-ZIP	\perp $-$					
TITLE			☐ DELETE	4 1 TITLE				Change	☐ Addition	i
NAME				4, 2 NAME						ĺ
STREET ADDRESS	-			4.3 STREET ADDRESS	3					
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<u> </u>					
TITLE			☐ DELETE	51 TITLE	1	حادث والمصيف الأولاد ويواد	,e - 1	☐ Chánđể	. Addition	l
NAME				5.2 NAME						
STREET ADORE 3S				5.3 STREET ADDRESS	3					
CITY-ST-ZIP				5 4 CITY- ST- ZIP						Į
TITLE			☐ DELETE	6.1 TITLE				Change	Addition	i
NAME				6.2 NAME						i
STREET ADDRE 3S				6.3 STREET ADDRESS	3					
CITY-ST-ZIP				6.4 CITY-ST-ZIP	⊥				····	ı

14. 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or properties an address, with all other like empowered.

OR DIRECTOR

SIGNATURE