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 # P9500006981

THE COTARELO GROUP INC.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90027 007 ***150.00



Supe									
Principal Place of Business Mailing Address						I I I I I I I I I I I I I I I I I I I	##114 Bill	, (818) [[### (18) 1 8\$)
1341 N.W. 122ND AVE. 1341 N.W. 122ND AVE.						•			
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
	,					01/26/1995	•		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-T		lied For
21		26				65-0566013			Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Ad	dditional juired
City & State	e .	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip ·	Col	untry		8. This corporation owes the current year Ir	tangible	_	
24	25	29	30			Personal Property Tax.	Yes	<u>ا</u> د	□No
	9. Name and Address of Curr	ent Registered Agent		L		10. Name and Address of New Registered	Agent		
				81	Name	•	•		
	ARELO, JOSE M			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	N.W. 122ND AVE.								
PEM	BROKE PINES FL 33026			83					
3 * r*				84	City		85	Zip C	ode
					•	oration submits this statement for the purpose of	- !		
agent. I a SIGNATURE	m familiar with, and accept the obli	gations of, Section 607.0505, Fi	onda Sta	iutes.		on's board of directors. I hereby accept the appoint of the appoin			
12.		AND DIRECTORS	13.		signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	ECTOF	RS IN 12
TITLE	PD	DELETE 1.1 TI					Ch:	ange	☐ Addition
NAME	COTARELO, JOSE M		1.2 N	AME					
STREET ADDRESS	1341 N.W. 122ND AVE.		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 0	ITY-ST-	. ZIP				
TITLE	SVD	☐ DELETE	2.1 T				[] Ch	ange	☐ Addition
NAME	COTARELO, ISABEL O		2.2 N	IAME					
STREET ADDRESS	4044 81181 400015 8185		- 2.3 5	TREET	ADDRESS	and the second of the second o			-
CITY-ST-ZIP	PEMBROKE PINES FL		2.40	CITY-ST	-ZIP				
TITLE		☐ DELETE	3.1 T	ITLE			Ch.	ange	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. 0	CITY-ST	-ZIP				
TITLE		☐ DELETE	4.1 T	TLE			[] Ch	ange	Addition
NAME			4.21	VAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	<u> </u>			ITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 T				[] Ch	ange	☐ Addition
NAME	r		L	IAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST	-ZiP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE		TTLE			[] Ch	ange	☐ Addition
NAME				AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
	ĺ		6.40	ITY-ST	.7IP				

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: