

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90122 031 ***150.00

DOCUMENT # P95000008639

1. Corporation Name

FIPA DEVELOPMENT U.S.A., INC.

Principal Place of Business

13727 S.W. 152ND ST
SUITE 325
MIAMI FL 33177

Mailing Address

13727 S.W. 152ND ST
SUITE 325
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1995

4. FEI Number

65-0679351

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. 40 MARTIN E PONS

Suite, Apt. #, etc.

22. 9370 SUNSET DRIVE #A-100

City & State

23. MIAMI, FL

Zip

24. 33173

Country

2a. Mailing Address

26. 40 MARTIN E PONS

Suite, Apt. #, etc.

27. 9370 SUNSET DRIVE #A-100

City & State

28. MIAMI, FL

Zip

29. 33173

Country

30

9. Name and Address of Current Registered Agent

PONS, MARTIN E
9370 SUNSET DRIVE #A100
MIAMI FL 33173

10. Name and Address of New Registered Agent

81. Name

MARTIN E PONS

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

9370 SUNSET DRIVE #A-100

83.

84. City MIAMI

FL

85. Zip Code

33173

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

Martin E Pons

MARTIN E PONS

4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME PONS, MARTIN E
STREET ADDRESS 13727 S.W. 152ND ST SUITE 325
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

1.3 STREET ADDRESS 9370 SUNSET DRIVE #A-100

1.4 CITY-ST-ZIP MIAMI, FL 33173

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: *Martin E Pons* SIGNATURE REQUIRED E PONS D 4/20/99 305-275-7072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #