

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90153 007 \*\*\*158.75



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000013378**

1. Corporation Name  
**577, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2665 S BAYSHORE DRIVE  
 SUITE 703  
 MIAMI FL 33133  
 US

Mailing Address  
 2665 S BAYSHORE DRIVE  
 SUITE 703  
 MIAMI FL 33133  
 US

3. Date Incorporated or Qualified  
**02/15/1995**

4. FEI Number  
**65-0576710** 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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDS, TIMOTHY D**  
 2665 S BAYSHORE DRIVE  
 SUITE 703  
 MIAMI FL 33133

81 Name  
**World Corporate Services, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2665 South Bayshore Drive**

83 **Suite 703**

84 City **Miami** FL 85 Zip Code **33133**

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 *Timothy D. Richards* **Timothy D. Richards, President, 01/14/99**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | DPS                            | <input type="checkbox"/> DELETE |
| NAME           | FIDALGO, EDUARDO               |                                 |
| STREET ADDRESS | 2665 S BAYSHORE DRIVE, STE 900 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33133                 |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                    |  |
|--------------------|------------------------------------|--|
| 1.1 TITLE          | DPS                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Fidalgo, Eduardo                   |  |
| 1.3 STREET ADDRESS | 2665 South Bayshore Drive, STE 703 |  |
| 1.4 CITY-ST-ZIP    | Miami, Florida                     |  |
| 2.1 TITLE          | AS                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Timothy D. Richards, Esq.          |  |
| 2.3 STREET ADDRESS | 2665 South Bayshore, STE 703       |  |
| 2.4 CITY-ST-ZIP    | Miami, Florida 33133               |  |
| 3.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                    |  |
| 3.3 STREET ADDRESS |                                    |  |
| 3.4 CITY-ST-ZIP    |                                    |  |
| 4.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                    |  |
| 4.3 STREET ADDRESS |                                    |  |
| 4.4 CITY-ST-ZIP    |                                    |  |
| 5.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                    |  |
| 5.3 STREET ADDRESS |                                    |  |
| 5.4 CITY-ST-ZIP    |                                    |  |
| 6.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Timothy D. Richards* **Timothy D. Richards, AS, 01/14/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **(305) 858-9900**

CR2E034 (1/98)