

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90016 029 ***150.00

DOCUMENT # P95000014804

1. Corporation Name

PINATAS ALEXANDRA CORPORATION

Principal Place of Business

Mailing Address

900D W. FLAGLER ST,
MIAMI, FL. 33130

900D W. FLAGLER ST.
MIAMI, FL. 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0560348

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIO MOYA ROLDAN
900D W. FLAGLER ST.
MIAMI, FL 33130

81 Name

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

83

84 City

FL

85 Zip Code

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P/S/T
NAME: MARIO MOYA ROLDAN
STREET ADDRESS: 900D W. FLAGLER ST.
CITY-ST-ZIP: MIAMI, FL. 33130

1 1 TITLE Change Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (3/99)