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 # P95000017583

INCA INVESTMENTS, INC.

ME

FREET ADDRESS

TY-ST-7IP

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90048 021 ***158.75



Principal Pla	ace of Business	Mailing Address						,)	
11999 S.W. 248TH STREET 11999 S.W. 248TH STR MIAMI FL 33032 MIAMI FL 33032		:i								
		MIAMI FL 33032	MIAMI FL 33032							
	:				_	DO NOT WRIT	E IN THIS	3 SPACE		
						3. Date Incorporated or Qualifed 03/02/1995				
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		Ā	pplied For	
<u>i</u>		26				<u>65-0660687</u>		. N	ot Applicable	
Suite, Ap		Suite, Apt. #, etc.				5. Certifcate of Status Desired	X	\$8.75	Additional	
2		27				3. Certificate of Status Desired	4	Fee R	equired	
¬		City & State	& State			6. Election Campaign Financing		\$5.00	May Be	
3		28				Trust Fund Contribution		•	to Fees	
_ Zip ─	Country	Zip	Coun	try		8. This corporation owes the curre	nt year In	tangible		
4	25 29		30			Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R	egistered	Agent		
eT/	DIVIANI MADIC],	81 Na	me ੍					
STARKMAN, MARK			ŀ	32 Str	eet Address (P.O. Box Number is Not Acceptable)					
1500 SAN REMO AVE Suite 125						(, .		İ	
			[3	33		F ja			:-:	
CO	RAL GABLES FL 33146	•	-	34 Cit				11		
	and the second of the second o	_	1,	34 City	1		FL	85 Zip	Code	
11. Pursuan	t to the provisions of Sections 607.05	02 and 607 1508, Florida Statute	es, the abo	ove-nan	ed corporal	tion submits this statement for the p	urpose of	changing its	registered	
OHICE OF	registered agent, or both, in the State am familiar with, and accept the oblig	e di Fiorida. Such change was ai	utnonzea i	ov tne c	orporation's	board of directors. I hereby accept	the appoi	ntment as re	gistered	
SIGNATURE	main S	Drne AL					1/1	199	i	
OIGHATOKE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered A	gent signat	ure required who	en reinstating)	DATE	<u> </u>		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ND DIRECTO	RS IN 12	
TILE	PTSD	☐ DELETE	1.1 TITLE	Ē				☐ Change	Addition	
NAME	ALEJO, ABRAHAM C		1.2 NAM	E		•				
TREET ADDRESS	11999 S.W. 248TH STREET		1.3 STRI	ET ADDRI	SS					
CITY-ST-ZIP	MIAMI FL 33032		1.4 CITY	-ST-ZIP						
TILE		☐ DELETE	2.1 TITLE					☐ Change	Addition	
IAME			2.2 NAM	E		·				
TREET ADDRESS			2.3 STRE	ET ADDRE	:SS				-	
TY-ST-ZIP			2. 4 CITY	-ST-ZIP					1	
TILE	200	☐ DELETE	3.1 TITLE			1 .		Change	Addition	
IAME .			3.2 NAM	=		·		,,	_	
TREET ADDRESS				ET ADDRE	22				1	
ITY-ST-ZIP			3.4. CITY							
ITLE		☐ DELETE	4.1 TITLE	•				Change	Addition	
AME			4.2 NAM			and the second s	•			
TREET ADDRESS										
ITY-ST-ZIP	and the second		4.2 CTDE						•	
III-31-22- : IILE	I			ET ADDRE	ss	<u> </u>			.	
AME		□ DELETE	4.4 CITY-	ET ADDRE	ss			Change	A delile	
****		☐ DELETE	4.4 C/ΓΥ- 5.1 T/ΓLE	ET ADDRE	SS	twing years		Change	☐ Addition	
TREET ADDRESS		☐ DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP				Change	Addition	
TREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STRE	ET ADDRE			1 47	Change	☐ Addition	
TREET ADDRESS		☐ DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRE ST-ZIP ET ADDRE			1 10	☐ Change	Addition	

4. 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: