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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## Mar 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-01-1999 90030 048 \*\*\*150.00

## DOCUMENT # P95000017765 1. Corporation Name

CENTRO CAMBIARIO CANTO, INC.

Principal Place of Business Mailing Address						. I (MP) (MA) trib (Mrm) mistr matri parin mane mara		#11#1 <b>#</b> 111 ( <b>#</b> #1	
10471 N KENDALL DR		CALLE 56 A X PEREZ PONCE							
SUITE B-101-20		#444 A. LOCAL D-5			DO NOT WRITE IN THI	S SPACE			
MIAMI FL 33176   US	•	MERIDA. YUCATAN 97000 ME				Date Incorporated or Qualifed			
00		*****			03/03/1995		i		
2. Principal P	2a. Mailing Address	ess			4. FEI Number	Ap	plied For		
21		26				65-0566204	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired -	_ <b>\$8.75</b> A		
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Re	
23		28			Trust Fund Contribution	Added t			
Zip	Country Zip Cou					8. This corporation owes the current year Intangible			
24	25	29 3	30			Personal Property Tax.		□No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
140.	EE ! ADDV		81	Nam	e				
WOLFE, LARRY			82	Stre	et Addres	ss (P.O. Box Number is Not Acceptable)			
200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643			83						
TALLAHAGGEE PL 32303-0043			63						
			84	City		Fi	85 Zip C	Code	
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    State   Description   State   S									
12,	Signature, typed or printed name of registered agen OFFICERS AN		13.	it signatu	e required v	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D OFFICERS AN	D DIRECTORS  DELETE	1.1 TITLE		1	ADDITIONAL PRINCIPLE TO GITTOLING P	Change	Addition	
NAME			1.2 NAME				`	_	
STREET ADDRESS			1.3 STREET ADDRESS		25				
CITY-ST-ZIP				1.4 CITY-ST-ZIP					
TITLE	D DELETE 2.3			,	1		☐ Change	☐ Addition	
NAME	CANTO Y CANTO, MILTON IGNACIO				İ				
STREET ADDRESS				3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-S	2. 4 CITY-ST-ZIP		<u> </u>			
TITLE	D	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	CANTO Y CANTO, MIGUEL		3.2 NAME					ļ	
STREET ADDRESS	10471 N KENDALL DR		3.3 STREET	ADDRES	is				
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY- S	T- ZIP	$\bot$				
TITLE	SD	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	- THOSE COURT CAUTO, CHEMA		4. 2 NAME						
STREET ADDRESS	CALLE OF A # 111 A TENEZ FOREZ ESTATE DE			4.3 STREET ADDRESS					
CITY-ST-ZIP	mermera, recommended		4.4 CITY-S	Γ-ZIP	<del></del>	<del></del>	☐ Change	Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		1			C Andrigoti	
NAME			5.3 STREET		.s.				
STREET ADORESS			5.3 STREET	[ADDRE:	is	•			

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 Seciver 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE: NICTE CORAL

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

01152-99-261026

Addition