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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P95000054721 1. Corporation Name

INSTAVEND, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90019 039 ***150.00



incipal Place of Business Mailing Address						
9378 SW 156 PLACE Miami Fl 33196 US	9378 SW 156 PLACE MIAMI FL 33196 US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 07/17/1995			
2. Principal Place of Business	2a. Mailing Address 26 P.O. BOX 9 L	8110	4. FEI Number 65-0610947	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State 28 Miami FL	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		untry	This corporation owes the current year In Personal Property Tax.	tangible □Yes □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
SANTOS, JUAN-CARLO	· · · · · · · · · · · · · · · · · · ·	81 Name				
9378 SW 156 PLACE		82 Street Addre	ass (P.O. Box Number is Not Acceptable)	·		
MIAMI FL 33196		83	•	•		
		84 City	FL	85 Zip Code		
			The second secon	Cabaaaiaa ito saaistorad		

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 and title if applica	bie. (NOTE: Re	gistered Agent signature re	quired when reinstating)	DATE		
12,	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		•	☐ Change	☐ Addition
NAME	SANTOS, JUAN C		1.2 NAME				
STREET ADDRESS	9378 S.W. 156TH PLACE		1.3 STREET ADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY+ST-ZIP	<u> </u>			
TITLE	VD	☐ DELETE	2.1 TITLE .	,		☐ Change	☐ Addition
NAME .	SANTOS, DENIA		2.2 NAME				
STREET ADDRESS	9378 SW 156 PLACE		2.3 STREET ADDRESS				"
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	,		Change	Addition
NAME	- ·		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	and the second s	, ,	•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			,	_
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	·		4. 2 NAME				
STREET ADDRESS	•		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	:	DELETE	5.1 TITLE		•	☐ Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET ADDRESS				i
CITY-ST-ZIP			5.4 CITY-ST-ZIP			_	
TILE	. *	☐ DELETE	6.1 TITLE			Change	Addition .
NAME .	, in the second second		6.2 NAME				l
STREET ADDRESS	*		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	·			
44 Lhoraby o	ertify that the information supplied with this filter de	nes not qualify for th	e exemption stated	in Section 119 07/3)(i) Florida	Statutes. I further cer	tify that the in	formation

I hereby certify that the information supplied with his hing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I inflied 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 of trastee 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 for on any attachage with an address, with all other like empowered.

SIGNATURE: