Mailing Address

SOL BRICKELL KWY DIRVE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060277

Principal Place of Business

169 GE 1GT STREET

VENDAS INTERNACIONAIS PERSONALIZADAS (V.I.P.) CO

MAMI FL 33131 US		SUITE 400 MIAMI FL 33131		DO NOT WRITE IN THIS	SPACE		
		US			3. Date Incorporated or Qualifed		
					08/04/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21	26			65-0608026	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
		27	27		5. Certificate of Status Desired	Fee R	equired
City & State	9	City & State	City & State		6. Election Campaign Financing	•	May Be
		28		Trust Fund Contribution	Added	to Fees	
Zip Country					8. This corporation owes the current year In		
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	nt Registered Agent	81	Ness	10. Name and Address of New Registered	Agent	
81.00	SBERGAS, NELSON		81	Name	_		
501 BRICKELL KEY DRIVE			82	Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE 400			83				
MIAIMI FL 33131			83				
· ·	WH 1 E 33 13 1		84	City	FL	85 Zip	Code
							e registered
office or re	agistored agent or both in the State	02 and 607.1508, Florida Statutes, the of Florida. Such change was authorizations of, Section 607.0505, Florida S	zea ov	the corbo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE					outred when reinstating) DATE		
	Signature, typed or printed name of registered age			nt signature re	aquired when reinstating) ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECT	ORS IN 12
12.	D OFFICERS AF		1 TITLE		ADDITIONS/CHANGES TO OTT ICENS A	Change	Addition
TITLE	BAYER, RUDI B	_	2 NAME			_ ,	_
NAME	501 BRICKELL KWY DRIVE #4			TADDRESS			
STREET ADDRESS	MIAMI FL 33131		a CITY-S	- 1			
CITY-ST-ZIP	DPS DPS		1 TITLE	1-21		☐ Change	☐ Addition
TITLE	BAYER, LUIZ E	<u> </u>	2 NAME	}			_
NAME	501 BRICKELL KEY DRIVE #4			T ADDRESS			
STREET ADDRESS	MIAMI FL 33131		4 CITY-S				
CITY-ST-ZIP			1 TITLE	21.7 CH:		Change	☐ Addition
NAME	V11		2 NAME				
STREET ADDRESS	501 BRICKELL KEY DRIVE #4			T ADDRESS			
1	MIAMI FL 33131		4 CITY S				
CITY-ST-ZIP	MIDAMI I E GOTOT		1 TITLE			Change	☐ Addition
NAME			2 NAME				
STREET ADDRESS		4.	3 STREE	TADDRESS			
CITY-ST-ZIP			4 CITY-S				
TITLE			1 TITLE			Change	☐ Addition
NAME		5.	2 NAME				
STREET ADDRESS		5.	3 STREE	TADDRESS			
CITY-ST-ZIP		5.	4 CITY-S	T-ZIP			
TITI E		DELETE 6.	1 TITLE			Change	☐ Addition

r the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered. 14. I hereby certify that the information supplied with this filing do indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or on an attachment with an article.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

OFFICER OR DIRECTOR

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90238 044 ***150.00

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CR2E034 (11/98)