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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000062399**1. Corporation Name

PORTUONDO-TARAJANO INTERNATIONAL CORP.

Principal Place	o Dusiness	IVICII	ing ridoroco				1					
910 CATALONIA	A AVENUE	910	CATALONIA AVENUE									
CORAL GABLES		COR	AL GABLES FL 33134					50 107 101	DITE IN THE	CDACE		
US		ŲS							RITE IN THIS	SPACE	:	
ļ								Date Incorporated or Qualife	ed			,
								08/11/1995				
2 Principal Pl	lace of Business	2a, 1	Mailing Address				4.	FEI Number			Appli	ed For
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21	11		Suite, Apt. #, etc.				1			\$8.	75 Ad	
Suite, Apt. i	#, etc.	ļ	Suite, Apr. #, etc.				5.	Certificate of Status Desired			e Real	
22		27									<u>:</u> -	
City & State	e	'	City & State			•		Election Campaign Financin	g 🖂		.00 м	
23		28						Trust Fund Contribution		Ad	ded to	+ees
Zip	Country		Zip	Coun	ıtry		8.	This corporation owes the cu	urrent year int		_	_
24	25	29		30				Personal Property Tax.		Yes	<u> </u>	No.
	9. Name and Address of Curre		ered Agent				10.	Name and Address of New	v Registered	Agent		<u>i</u>
	3. Name and Address of Cont	int itograti			81	Name						1
PUB.	TUONDO, MANUEL J.											
				[[82	Street Addre	ess (P.	P.O. Box Number is Not Acce	ptable)			
	CATALONIA AVENUE			L				<u></u>		. t	<u> </u>	
COR	RAL GABLES FL 33134			1	83					ja (*	•	
				L					<u> </u>	15-1	Zip Co	1 to
				-	84	City .			Fi	85	ZIP Co	ae
								a submite this statement for t	he ournose of	changir	na its re	egistered
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	ouz and bu.	7.1506, Florida Statut Such change was a	es, me ab uthorized	hv t	the corporation	n's bo	pard of directors. I hereby acc	cept the appo	intment	as regis	stered
agent. I a	m familiar with, and accept the oblig	gations of, S	Section 607.0505, Flo	rida Statu	tes.							
-9	, ,							·				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if a	applicable (NOTE	: Registered A	Agent	t signature required			DATE			
	Signature, typed or printed name of registered ag			: Registered A	Agent	t signature required		einstating) ADDITIONS/CHANGES TO (ND DIRE	CTOR	S IN 12
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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 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 additional statutes, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90019 044 ***150.00