PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P95000065950**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90095 027 ***150.00

CARDINA	AL MANAGEMENT, INC.										
Principal Place	of Business	м	ailing Address			<u> </u>			allă aliai B ăli ă k	Aldi Arnic Agus Iddi	
ONE S.E. THIRD AVE. 17TH FLOOR MIAMI FL 33131 US ONE S.E. THIRD AVE. 17TH FLOOR MIAMI FL 33131 US								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 00/05/14005			
				_				08/25/1995 4. FEI Number		Applied For	
	ace of Business	-	. Mailing Address					65-0615346		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					_		5 Additional	
22			27					5. Certifcate of Status Desired		Required	
City & State			City & State					6. Election Campaign Financing	\$5.0)0 May Be	
			28					Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	_ _	Zip	Cour	ntry			8. This corporation owes the current year	_	□No	
24	25	29		30				Personal Property Tax. 10. Name and Address of New Registe	Yes		
	9. Name and Address of Curren	t Regis	stered Agent	-	81	Name		10. Name and Address of New Register	eu Agent		
RA7	OOK, RICHARD J			1	٠.						
ONE S.E. THIRD AVENUE						Street	Addres	ss (P.O. Box Number is Not Acceptable)	•		
	E 1700			-	83						
MIAN	WI FL 33131				_					2:- O-d-	
					84	City			FL 85 Z	Zip Code	
11. Pursuant office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the obligation of the state of the obligation of the state of t	of Flori	da. Such change was a f, Section 607.0505, Flo	prida Statu	by ites	ine corp	югацоп	ration submits this statement for the purpose's board of directors. I hereby accept the a	E		
12.	OFFICERS AN	ID DIR		13.				ADDITIONS/CHANGES TO OFFICER			
TITLE	PD		☐ DELETE	1.1 TIT	LE				Chan	ige	
NAME	BACARDI, FACUNDO L			1.2 NA							
STREET ADDRESS	ONE S.E. THIRD AVE. 17TH FI				TADORESS						
CITY-ST-ZIP	MIAMI FL		C DEVETE	1.4 CIT		T-ZIP	-		Chan	ige Addition	
TITLE	DVPS		☐ DELETE	2.1 TIT				. •		ge	
NAME	CARBONELL, MARLENE	- 000		2.2 NA							
STREET ADDRESS	ONE S.E. THIRD AVE. 17TH FI	LOOK				TADDRESS	-	and the second second second			
CITY-ST-ZIP	MIAMI FL DVPT		□ DELETE	2. 4 CI 3.1 TIT		51-ZIP			Chan	nge Addition	
TITLE NAME	RAZOOK, RICHARD J		_	3.2 NA					,	-	
STREET ADDRESS	ONE S.E. THIRD AVE. 17TH F	OOR		- 1		T ADDRESS			•		
CITY-ST-ZIP	MIAMI FL			3.4. CI							
TITLE	IVIN UNI V C		☐ DELETE	4.1 TIT			İ		Chan	nge	
NAME				4.2 N	4ME			•			
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CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP	ļ				
TITLE			☐ DELETE	5.1 TIT					☐ Çhan	nge	
NAME				5.2 NA		=		• .			
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP			□ DELETE	54 CF		ii-ZIP	-		☐ Chan	nge	
TITLE			☐ DELETE	6.2 NA					Citali	20 D V0000011	
NAME						T ADDRESS			•		
CTREET ADDRESS											

CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS