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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000071620**

1. Corporation Name

UNIT 1208, INC.

Principal Place of Business Mailing Address							1 (25/185) 114 18/19 21/17 25/17 25/17 25/17		• • • • • • • • • • • • • • • • • • • •		
501 BRICKELL KEY DR 501 BRICKELL KEY DRIVE											
STE 602 STE 602							DO NOT WRITE IN THIS	SDACI	=		
MIAMI FL 33131 MIAMI FL 33131							DO NOT WRITE IN THIS SPACE				
US US							3. Date Incorporated or Qualifed 09/15/1995				
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		App	lied For	
21	ŧ	26					65-0684749		Not	Applicable	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State			City & State	ate			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23	On the last	28	7in	Cou	ntry					1 000	
Zip	Country	Zip Cour 30			ıııy		8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Current		stered Agent	<u> </u>			10. Name and Address of New Registered A		-		
	9. Name and Address of Current	ricogis	stereu Agern		81	Name	10. 11.	<u> </u>			
VASTEC INTERNATIONAL CORPORATION											
501 BRICKELL KEY DRIVE					82	Street Addr	ress (P.O. Box Number is Not Acceptable)			i	
STE 602 MIAMI FL 33131				ŀ	83						
						ļ. <u></u>		85 Zip Code			
					84	City	FL	65	85 Zip Code		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Floru	da. Such change was a , Section 607.0505, Flo	nutnorized orida Statu	tes.	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	tment	as reg	egistered istered	
01014110112	Signature, typed or printed name of registered agen			_	Agen	nt signature require	d when reinstating) DATE			30 IV. 40	
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AN	אום כ אום כ		Addition	
TITLE	PSD		☐ DELETE	1.1 T(T					ange		
NAME RICARDO DE LA ESPRIELLA					1.2 NAME						
STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 602				1.3 ST	REE1	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33131			1.4 CIT		T-ZIP				- Addition	
TITLE	V		☐ DELETE	2.1 TIT	LE			☐ Ct	ange	☐ Addition	
NAME	DIAZ-BALART, RAFAEL			2.2 NA	ME						
STREET ADDRESS	501 BRICKELL KEY DRIVE, # 6	102		2.3 ST	REET	T ADDRESS				ļ	
CITY-ST-ZIP	MIAMI FL 33131			2. 4 CI	TY-S	ST-ZIP					
TITLE			☐ DELETE	3.1 TIT	LΕ			CH	ange	☐ Addition	
NAME				3.2 NA	ME					ļ	
STREET ADDRESS				3.3 ST	REET	T ADDRESS				1	
CITY-ST-ZIP				3.4. CI	TY- S	ST-ZIP					
TITLE			☐ DELETE	4,1 TIT	Œ			□ Ci	ange	☐ Addition	
NAME				4. 2 N/	ME						
STREET ADDRESS				4.3 ST	REET	TADDRESS					
CITY-ST-ZIP				4.4 CF	Y-S	ST-ZJP					
TITLE			☐ DELETE	5 1 TIT				C	ange	☐ Addition	
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 ST	REET	T ADDRESS					
CITY-ST-ZIP				5.4 CN	Y-S	ST-ZIP					
TITLE			☐ DELETE	6.1 TIT	LE			Ch	ange	Addition	
NAME				6.2 NA	ME						

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

alad Diaz-Balger

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 corrustee 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 a state things it with an address, with all other like empowered.