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PROFIT CORPORATION ANNUAL REPORT

1998

新丁二年代後報道を下標を送す、一般等一十七年二年 する

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CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P95000072371 (4)

INVERSIONES PROYECCION CORPORATION

Principal Place of Business Mailing Address 10805 S.W. 7TH TERRACE 10605 S.W. 7TH TERRACE MIAMI FL 33174 MIAM! FL 33174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0612650 Sulte, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 Personal Property Tax due June 30. 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALVIAR, CESAR 10605 S.W. 7TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33174** 83 84 City 85 Zip Code FL 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 into if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change NAME DE ALVIAR, MARIA M 12 NAME 10605 SW 7TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ALVIAR, CESAR 2.2 NAME STREET ADDRESS 10605 SW 7TH TERRACE 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME ALVIAR, JUAN P 3.2 NAME 10605 SW 7TH TERRACE STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 3.4. CITY-ST-ZIP DEFELE TITLE 4.1 TITLE Change ☐ Addition ALVIAR, CESAR A 4, 2 NAME STREET ADDRESS 10605 SW 7TH TERRACE 4.3 STREET ADDRESS MIAMI FL 33174 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE ALVIAR, JOSE D 5.2 NAME 10605 SW 7TH TERRACE STREET ADDRESS 5.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

14. Thereby 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 suppliemental 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. Again any attachment with an address.

SIGNATURE: