

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000074607 (9)**

1. Corporation Name

WAYUU CRAFT ARTS, INC.



Principal Place of Business

Mailing Address

**919 LINCOLN ROAD
MIAMI BEACH FL 33139
US**

**919 LINCOLN ROAD
MIAMI BEACH FL 33139
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

65-0609613

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Carlos Garcia C.R.A.

82 Street Address (P.O. Box Number is Not Acceptable)

11430 N. Kendall Dr. #225

83

84 City

Miami

FL

85 Zip Code

33136

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CRA

6-29-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REDONDO, JHOSMAR	
STREET ADDRESS	137 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	919 Lincoln Rd.
1.3 STREET ADDRESS	Miami Beach, FL 33139
1.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	REDONDO, CARMEN	
STREET ADDRESS	487 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	919 Lincoln Rd.
2.3 STREET ADDRESS	Miami Beach, FL 33139
2.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	REDONDO, ALEX	
STREET ADDRESS	487 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	919 Lincoln Rd.
3.3 STREET ADDRESS	Miami Beach, FL 33139
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002583433
6.3 STREET ADDRESS	-07/08/98--01091--033
6.4 CITY-ST-ZIP	***150.00

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.

CR2E034 (10/97)