

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90169 030 ***150.00

DOCUMENT # P95000089920

1. Corporation Name

OLD CUTLER STATION, INC.

Principal Place of Business

~~2655 S. LE JEUNE ROAD, SUITE PH-1-C~~
~~CORAL GABLES FL 33134~~

Mailing Address

~~2655 S. LE JEUNE ROAD, SUITE PH-1-C~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

21 12398 S.W. 82nd Ave

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip Country

24 33156

25

2a. Mailing Address

26 12398 S.W. 82nd Ave

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip Country

29 33156 30

9. Name and Address of Current Registered Agent

~~ESTEVEZ, ANTHONY J.~~
~~2655 S. LE JEUNE ROAD, SUITE PH-1-C~~
~~CORAL GABLES FL 33134~~

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

65-0630550

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

LENARD H. GORMAN

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

2655 Le June RD

83

PH1-D

84 City

CORAL GABLES

FL

85 Zip Code

33146

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

Lenard H. GORMAN

2/23/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ~~ESTEVEZ, ANTHONY J.~~
STREET ADDRESS ~~2655 S. LE JEUNE ROAD, SUITE PH-1-C~~
CITY-ST-ZIP ~~CORAL GABLES FL 33134~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME ISABEL FONTECILLA
1.3 STREET ADDRESS 12398 S.W. 82nd AVE
1.4 CITY-ST-ZIP MIAMI, FL 33156

2.1 TITLE PRESIDENT, SECRETARY, TREASURER ☐ Change ☒ Addition
2.2 NAME CARLOS FONTECILLA
2.3 STREET ADDRESS 12398 S.W. 82nd AVE
2.4 CITY-ST-ZIP MIAMI, FL 33156

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

CARLOS FONTECILLA 2/23/99

Date

Daytime Phone #

(305) 255-7101

CR2E034 (11/98)