

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  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90129 003 \*\*\*150.00

DOCUMENT # P95000096406

1. Corporation Name  
NORTHWIND ENTERPRISES, INC.

Principal Place of Business  
2205 NORTHWEST 23RD AVENUE  
MIAMI FL 33142

Mailing Address  
2205 NORTHWEST 23RD AVENUE  
MIAMI FL 33142



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

65-0677713

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

2. Principal Place of Business

2a. Mailing Address

21 841 Wallace Street

26 841 Wallace Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Coral Gables, FL

27 City & State  
28 Coral Gables FL

24 Zip 33134 25 Country USA

29 Zip 33134 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILA, OSCAR J III  
520 BILTMORE WAY  
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DUARTE, GINA C  
STREET ADDRESS 2205 NW 23 AVENUE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME DUARTE, ELENA C  
STREET ADDRESS % 2205 N.W. 23RD AVENUE  
CITY-ST-ZIP MIAMI FL 33142

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☒ Addition  
STREET ADDRESS Vice President  
CITY-ST-ZIP Eirian Romero  
841 Wallace Street  
Coral Gables, Florida 33134

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition  
STREET 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gina C. Duarte 4-19-99 (305) 446-3091

CR2E034 (11/98)