

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

FILED
May 11 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 # P96000006116 (3)

1. Corporation Name

ACARAPE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

6993 N.W. 82ND AVE.
BAY 30
MIAMI FL 33166

6993 N.W. 82ND AVE.
BAY 30
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0641655

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

2. Principal Place of Business

2a. Mailing Address

21 6993 N.W. 82 Ave.

26 151 Majorca Avenue

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Bay # 30

27 Suite C

City & State

City & State

23 Miami, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33166

25 USA

29 33134

30 33134

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE.
SUITE C
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

D

☐ DELETE

NAME

GORDO, J. ADOLPHO S.

STREET ADDRESS

~~801 BRICKELL AVENUE SUITE 1001~~

CITY - ST - ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

ARMELIN, RICARDO

STREET ADDRESS

~~801 BRICKELL AVENUE SUITE 1001~~

CITY - ST - ZIP

MIAMI FL 33131

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PDS

GORDO, JOSE ADOLPHO S.

151 Majorca Avenue, #C

Coral Gables, FL 33134

D

ARMELIN, RICARDO

151 Majorca Avenue, #C

Coral Gables, FL 33134

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 person 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 to this report.

SIGNATURE:

(305) 444-8333

CR2E034 (10/97)