

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

DOCUMENT # P96000006116

1. Corporation Name

ACARAPE INTERNATIONAL, INC.

Principal Place of Business

6993 NW 82 AVENUE
BAY 30
MIAMI FL 33166
US

Mailing Address

151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134
US

2. Principal Place of Business

21 2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

22 240

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

27 240

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE.
SUITE C
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0641655

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$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

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD.

83

SUITE 240

84 City

CORAL GABLES,

FL

85 Zip Code

33134

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME GORDO, J. ADOLPHO S
STREET ADDRESS 151 MAJORCA AVENUE C
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ DELETE
NAME ARMELIN, RICARDO
STREET ADDRESS 151 MAJORCA AVENUE C
CITY-ST-ZIP CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE D, P, S, T, C.
1.2 NAME GORDO, JOSE ADOLPHO S.
1.3 STREET ADDRESS 2121 PONCE DE LEON BLVD. # 240
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/99

(305) 667-8041

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90063 024 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)