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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035457 (6)

**MODELO CORPORATION** 

Principal Place of Business Mailing Address 5545 S.W. 8TH STREET 5545 S.W. BTH STREET SUITE 104 SUITE 104 MIAMI FL 33134-2276 MIAMI FL 33134 3. Date Incorporated or Qualified 3a, Date of Last Report 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 3401 5W /686 54 Suite, Apt. #, etc. 21 3401 5 V1. 1646 56 Suite, Apt #, etc. 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI MIAMI Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 33145 DADE DADE. Yes 🔲 No Florida Statutes 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GUEVARA, ALBERTO 81 Name 5545 S.W. 8TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 104 **MIAMI FL 33134** 83 84 City 85 Zip Code 11. Pursuant to the previsions 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 Signative typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. D S. GUEVARA, ALBERTO DELETE Change Addition 1.1 TITLE TITLE NAME 1.2 NAME 5545 S.W. 8TH STREET SUITE 104 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33134** 1.4 CITY-ST-ZIP CITY - ST - ZiP GUEVARA ALBERTO O. LI DELETE Addition Change THILE 2.1 TITLE NAME 2.2 NAME MIAMI FA STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP City-S1-ZiP Change Addition 3 1 TITLE TOLE NAME 3.2 NAME Guevara Ren STREET ADDRESS 3.3 STREET ADORESS 2695 SW15 nuami Fle 3.4. CITY-ST-2IP ETTY - \$1 - 7IP DELETE ☐ Change Addition THILE 4.1 TOLE 4.2 NAME

14. I do 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 disposalism of 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 12 for annual report with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET LADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7E

CITY-S1-ZIP

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NAME

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SECRETARY

3-3-97

FILED

Apr 07 1997 8:00am

Secretary of State

Daytime Phone #

Change

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Addition

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