

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
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90008 027 ***150.00

DOCUMENT # P96000038583

1. Corporation Name
MARCELO BAIL BONDS INC.

Principal Place of Business
**1524 NW 14TH AVENUE
MIAMI FL 33125**

Mailing Address
**1524 NW 14TH AVENUE
MIAMI FL 33125**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **742 NW 12 AVE**

Suite, Apt. #, etc.

22 **MIAMI FLA**

City & State

24 **33136** 25 **USA**

Zip

Country

2a. Mailing Address

26 **742 NW 12 AVE**

Suite, Apt. #, etc.

27 **MIAMI FLA**

City & State

29 **33136** 30 **USA**

Zip

Country

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

65-0296563

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

9. Name and Address of Current Registered Agent

**VALDES, MARCELO R
1524 N.W. 14 AVE.
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name **VALDES, MARCELO R.**

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

742 NW 12 AVE

83

84 City **MIAMI FL 33136 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

TITLE **PST** ☐ DELETE
NAME **VALDES, MARCELO R.**
STREET ADDRESS **1524 N.W. 3 ST., #3**
CITY-ST-ZIP **MIAMI FL**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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:

Marcelo R. Valdes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 **324-2265**
Date Daytime Phone #

CR2E034 (1/98)