

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

FILED

Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

FURADO INC.

996000044256

Principal Place of Business

Mailing Address

220 71ST STREET - SUITE 213
MIAMI BEACH, FLORIDA 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MAY 23, 1996

4. FEI Number

65-0690415

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

7. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UGO V. CHIARATO, C.P.A.
220 71ST STREET - SUITE 213
MIAMI BEACH, FL 33141

81. Name

UGO V. CHIARATO, C.P.A.

82. Street Address

220 71ST STREET - SUITE 213

83. City

MIAMI BEACH, FL 33141

84. State

FL

85. Zip Code

33141

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE

UGO V. CHIARATO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

APR 17, 1997

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	1.1 TITLE
NAME	1.2 NAME	1.2 NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE	2.1 TITLE	2.1 TITLE
NAME	2.2 NAME	2.2 NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE	3.1 TITLE	3.1 TITLE
NAME	3.2 NAME	3.2 NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE	4.1 TITLE	4.1 TITLE
NAME	4.2 NAME	4.2 NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE	5.1 TITLE	5.1 TITLE
NAME	5.2 NAME	5.2 NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE	6.1 TITLE	6.1 TITLE
NAME	6.2 NAME	6.2 NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	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 139.07(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.

SIGNATURE REQUIRED

APR 22 1998