


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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000050800 (7)**

1. Corporation Name
BORTOL CORP.

Principal Place of Business

**ONE BRICKELL SQUARE
801 BRICKELL AVENUE SUITE 907
MIAMI FL 33131**

Mailing Address

**ERNESTO SANCHEZ P.A.
814 PONCE DE LEON BLVD. SUITE 505
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

65-0673823

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 4848 S.W. 74th Court

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33155

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SANCHEZ, ERNESTO
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

TITLE **DP** ☐ DELETE

NAME **BORTOLUSSI V., MARCELO**
STREET ADDRESS **C/O 2000 S. BAYSHORE DRIVE, UNIT 14**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **VP** ☒ DELETE

NAME **BORTOLUSSI V., MARCELO**
STREET ADDRESS **C/O 2000 S. BAYSHORE DRIVE, UNIT 14**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **DVPT** ☐ DELETE

NAME **BORTOLUSSI V., GILBERTO**
STREET ADDRESS **2000 S. BAYSHORE DRIVE, UNIT 14**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **S** ☒ DELETE

NAME **BORTOLUSSI V., GILBERTO**
STREET ADDRESS **2000 S. BAYSHORE DRIVE, UNIT 14**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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 **D/P** ☒ Change ☐ Addition

1.2 NAME **Bortolussi A., Marcelo**
1.3 STREET ADDRESS **6905 S.W. 101st Street**
1.4 CITY-ST-ZIP **Pinecrest, FL 33156**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D/VP/T/S** ☒ Change ☐ Addition

3.2 NAME **Bortolussi V. Gilberto**
3.3 STREET ADDRESS **6905 S.W. 101st Street**
3.4 CITY-ST-ZIP **Pinecrest, FL 33156**

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 its 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 attached with an address.

SIGNATURE:

[Handwritten Signature]

03-19-98 (305) 663-2646

CR2E034 (10/97)