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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90263 046 \*\*\*155.00

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1. Corporation Name

PUNTAR INTERNATIONAL, CORP.

Principal Place of Business

7392 N.W. 35 TERRACE  
STE. 204  
MIAMI FL 33122  
US

Mailing Address

7392 N.W. 35 TERRACE  
STE. 204  
MIAMI FL 33122  
US

2. Principal Place of Business

21 7392 NW 35 terrace

2a. Mailing Address

26 7392 NW 35 terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 suite 204

27 suite 204.

City & State

City & State

23 Miami, FL.

28 Miami, FL.

Zip

Zip

24 33122 25 U.S.A.

29 33122 30 U.S.A.

9. Name and Address of Current Registered Agent

RUGGIERO, MARCELO  
6933 N.W. 82ND AVE  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name  
RUGGIERO, MARCELO  
82 Street Address (P.O. Box Number is Not Acceptable)  
7392 NW 35 terrace suite 204  
83  
84 City  
MIAMI FL 85 Zip Code  
33122

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

04/22/99

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUGGIERO, MARCELO  
6933 N.W. 82ND AVE  
MIAMI FL 33166

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
RUGGIERO, MARCELO  
7392 NW 35 terrace suite 204  
MIAMI, FL, 33122

☒ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/99

(305) 594-2843

Date

Daytime Phone #

CR2E034 (11/98)

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