

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # P96000060101 (8)

1. Corporation Name

CHARADE PROPERTIES II, INC.



Principal Place of Business

5201 BLUE LAGOON DR
STE 650
MIAMI FL 33126
US

Mailing Address

5201 BLUE LAGOON DR
STE 650
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

65-0691969

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

9. Name and Address of Current Registered Agent

ARAZOZA COMAS DE TORRES FERNANDEZ-FRAGA PA
101 MADEIRA AVENUE
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(If C/O: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CUSCO, EDUARDO
STREET ADDRESS 5201 BLUE LAGOON DRIVE STE 650
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE S
NAME CUSCO, ENRIQUE
STREET ADDRESS 5201 BLUE LAGOON DR STE 650
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

TITLE T
NAME CUSCO, JORGE
STREET ADDRESS 5201 BLUE LAGOON DRIVE STE 650
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME Cusco, Eduardo
1.3 STREET ADDRESS 9390 NW 109th Street
1.4 CITY-ST-ZIP Medley, FL 33178-1225 ☒ Change ☐ Addition

2.1 TITLE VPSD
2.2 NAME Sotolongo, Raul
2.3 STREET ADDRESS 9390 NW 109th Street
2.4 CITY-ST-ZIP Medley, FL 33178-1225 ☒ Change ☐ Addition

3.1 TITLE VPD
3.2 NAME Smith, Raul
3.3 STREET ADDRESS 9390 NW 109th Street
3.4 CITY-ST-ZIP Medley, FL 33178-1225 ☒ Change ☐ Addition

4.1 TITLE D
4.2 NAME Hermida, Carlos
4.3 STREET ADDRESS 9390 NW 109th Street
4.4 CITY-ST-ZIP Medley, FL 33178-1225 ☒ 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.

SIGNATURE:

[Signature]

4/17/98

CR2E034 (10/97)