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Mar 12, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064042

1. Corporation Name

CRANCHI AMERICA, INC.

| Principal Place of Business Mailing Address | | | | | | | 30114 961 |) 02 03 1 | IIII BIBIF BEIN | 3141E 1101 1401 |
|---|--|-----------------------------------|---|---|-------------------------------|--|--------------------|---|-----------------------------|------------------------------|
| 1535 S.E. 17TH STREET 1535 S.E. 17TH STREET SUITE 201 SUITE 201 | | | | | | | | | | |
| FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | _ | 3. Date Incorporated or Qu 07/31/1996 | ialifed | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | | Ap | plied For |
| 21 26 | | | | | | 65-0683294 | | | | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | 5. Certifcate of Status Des | ired | | \$8.75 / Fee Re | |
| City & State City & State | | | | | | 6. Election Campaign Financing | | | \$5.00 | May Be |
| 23 | • | 28 | B | | | Trust Fund Contribution | | | Added i | o Fees |
| Zip | Country Zip Coi | | | 6. This corporation even are content year meangrous | | | | ngible □Yes | XV0 | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of | New R | egistered A | Agent | |
| | | | | Τ | Name | | | | | Ī |
| HOBERMAN, JENNIFER M 3530 MYSTIC POINTE DR. | | | 82 | - | Street Addre | ss (P.O. Box Number is Not A | ccepta | ble) | | |
| SUITE 2211 | | | 83 | + | | | | | | |
| MIAMI FL 33180 | | | | ì | | | _ | | | |
| , | | | | 1 | City | • | | FL | | Code |
| l office or t | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | i Florida. Such chande was auth | iorizea dv | 'τn | named corpo le corporation | ration submits this statement to be board of directors. I hereby | or the particle | ourpose of a t the appoir | changing its tment as re | registered gistered |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTF: Re | nistered Age | ent s | ignature required | when reinstation) | | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES 1 | O OFF | ICERS AN | DIRECTO | RS IN 12 |
| TITLE | ٧ | ☐ DELETE | 1.1 TITLE | | S | | | | Change | Addition |
| NAME | WHITE, PETER A | • | 1.2 NAME | | An | nerley where | • | | | · |
| STREET ADDRESS | 1535 SE 17TH STREET, STE 20 | 1 | 1.3 STREE | T A! | | S SE MHST, S | | 105 | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33316 | | 1,4 CITY-S | ST-2 | ZIP FT. | LAUDERDALE 1 | マレ, | \ E EE | 6 | |
| TITLE | | | 2.1 TITLE | | | | • | | Change | Addition |
| NAME | LUND, DEBORAH 22N | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | DRESS 1535 S E 17TH STREET, STE 201 23 | | 2.3 STREE | TAI | DDRESS | | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33316 | | | | ZIP | | | | • | |
| TITLE | | | 2.4 CITY-5 | ST- | | | | | | |
| NAME | TS | DELETE | 2.4 CITY-5 3.1 TITLE | ST- | Ì | | | | Change | Addition |
| | TS CALLEJAS, SERGIO R | · | 3.1 TITLE 3.2 NAME | ٠ | | | 7.0 _{4.0} | ت <u>ا ت</u> رسیدنده | ☐ Change | Addition |
| STREET ADDRESS | TS Callejas, Sergio R 1535 Se 17th Street, Suite | · | 3.1 TITLE | ٠ | DDRESS | | 7.00m, 1989 | <u></u> | Change | Addition |
| CITY-ST-ZIP | TS CALLEJAS, SERGIO R | 201 | 3.1 TITLE 3.2 NAME. 3.3 STREE 3.4 CITY-S | TΑI | | | | · | | <u>منيت</u> سو د. |
| l . | TS Callejas, Sergio R 1535 Se 17th Street, Suite | · | 3.1 TITLE ,3.2 NAME ,3.3 STREE 3.4 CITY-5 4.1 TITLE | T AI | | | | · | ☐ Change | ☐ Addition |
| CITY-ST-ZIP | TS Callejas, Sergio R 1535 Se 17th Street, Suite | 201 | 3.1 TITLE 3.2 NAME. 3.3 STREE 3.4 CITY-S | T AI | | | | · | | <u>منيت</u> سو د. |
| CITY-ST-ZIP | TS Callejas, Sergio R 1535 Se 17th Street, Suite | 201 | 3.1 TITLE ,3.2 NAME ,3.3 STREE 3.4 CITY-5 4.1 TITLE | T AI | ZIP | | | · · · · · · · · · · · · · · · · · · · | | <u>منيت</u> سو د. |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS Callejas, Sergio R 1535 Se 17th Street, Suite | 201 DELETE | 3.1 TITLE 3.2 NAME. 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S | T AI | DDRESS | | | · ************************************ | Change | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | TS Callejas, Sergio R 1535 Se 17th Street, Suite | 201 | 3.1 TITLE 3.2 NAME. 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE | T AI | DDRESS | | | · · · · · · · · · · · · · · · · · · · | | <u>منيت</u> سو د. |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS Callejas, Sergio R 1535 Se 17th Street, Suite | 201 DELETE | 3.1 TITLE 3.2 NAME. 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S | ST- | ZIP DDRESS 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, and that my name address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 IIILE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Daytime Phone #

Change

☐ Addition