

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90068 048 ***150.00

DOCUMENT # P96000067586

1. Corporation Name
AVATAR, INC.

Principal Place of Business
9456 SOUTHWEST 5 LANE
MIAMI FL 33174

Mailing Address
9456 SOUTHWEST 5 LANE
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

65-0788503

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6955 N.W 52 STREET

Suite, Apt. #, etc.

22 MIAMI FLORIDA

City & State

23 33166

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FULGUEIRA, LEONARDO
9456 SW 5TH LANE
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name FULGUEIRA LEONARDO

82 Street Address (P.O. Box Number is Not Acceptable)
6955 NW 52 ST # 109

83

84 City MIAMI

FL

85 Zip Code 33196

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 PTD ☐ DELETE
NAME FULGUEIRA, LEONARDO
STREET ADDRESS 9456 SW 5TH LANE
CITY-ST-ZIP MIAMI FL 33174

TITLE VS ☐ DELETE
NAME FULGUEIRA, JOSE L
STREET ADDRESS 9456 SW 5TH LANE
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☒ Change ☐ Addition
1.2 NAME Fulgueira Leonardo Address
1.3 STREET ADDRESS 6955 NW 52 ST # 109
1.4 CITY-ST-ZIP MIAMI FL 33166

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Fulgueira Jose L. Address
2.3 STREET ADDRESS 6955 NW 52 ST # 109
2.4 CITY-ST-ZIP MIAMI FL 33166

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

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 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] 4-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0274781

CR2E034 (1/98)