

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

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # ~~PS98000060738~~ (9)

1. Corporation Name

ABC del Vital Corporation

P96000067725

Principal Place of Business

Mailing Address

854 N.W. 87 Ave #506  
Miami, FL 33172

854 NW 87 Ave #506  
Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/14/1996

4. FEI Number

65-0768468

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

21 600 Wren Avenue

26 600 Wren Avenue

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Miami Springs

28 City & State

Miami Springs

24 Zip

FL

25 Country

33166

29 Zip

FL

30 Country

33166

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Guerreno, Sandro  
854 NW 87 Ave #506  
Miami, FL 33172

81 Name

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

10727 SW 152 St

83 #202

84 City

Miami

FL

85 Zip Code

33172

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME Costa, Jaima A  
STREET ADDRESS Paris 1229 y times de Berlango  
CITY-ST-ZIP Quito, Ecuador

☐ DELETE

TITLE DV  
NAME Costa, Alirio  
STREET ADDRESS Paris 1229 y times de Berlango  
CITY-ST-ZIP Quito, Ecuador

☐ DELETE

TITLE DS  
NAME Costa, Cecilia A  
STREET ADDRESS Paris 1229 y times de Berlango  
CITY-ST-ZIP Quito, Ecuador

☐ 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Addition

100002541571

--06/01/98--01011--051

\*\*\*150.00

Change

Addition

5-28

12

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

renee (C)...

468/98

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