

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

DOCUMENT # P96000079432

1. Corporation Name

LA FORTUNA USA, INC.

Principal Place of Business

Mailing Address

12550 BISCAYNE BLVD
213
N. MIAMI BEACH FL 33181
US

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213
N. MIAMI BEACH FL 33181
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90235 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

65-0701313

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 1041 WATERSIDE LN.

2a. Mailing Address

26 P.O. Box 3015

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 HOLLYWOOD, FL

Zip

Country

24 33019

25 USA

City & State

28 HALLANDALE, FL

Zip

Country

29 33008-3015

30 USA

9. Name and Address of Current Registered Agent

EFLANLI, TURKER
100 BAYVIEW DR., STE. 1712
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

EFLANLI, TURKER

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

1041 WATERSIDE LANE

83

84 City

HOLLYWOOD

FL

85 Zip Code

33019

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.

MUSTAFA T EFLANLI

(NOTE: Registered Agent signature required when reinstating)

3/9/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS EFLANLI, TURKER
CITY-ST-ZIP 100 BAYVIEW DR STE 1712
N MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUSTAFA T EFLANLI

Date

3/9/1999 (954) 855-9899

Daytime Phone #

0275632

CR2E034 (1/98)