#### 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 06, 1999 8:00 am Secretary of State

04-06-1999 90056 043 \*\*\*150.00

## 

### DOCUMENT # P96000082546 1. Corporation Name C.W.C. OF MIAMI INC.

Mailing Address Principal Place of Business 209 SE 1ST 209 SE 1ST MIAM! FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/07/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0702793 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt, #, etc.  $\Box$ 5. Certificate of Status Desired Fee Required 27 22 6\_Election Campaign Financing :\$5:00 May Be City & State\_ City & State -Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALDIR, COELHO Street Address (P.O. Box Number is Not Acceptable) 82 209 SE 1ST **MIAMI FL 33131** 83 City Zip Code 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 agree the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ame of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition ☐ DELETE TITLE 11 TITLE COELHO, WALDIR 1.2 NAME NAME 209 SE 1ST STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE SD COELHO, CRISTIAN 22 NAME NAME 209 SE 1ST STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 . . . 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ["I Change □ Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 appatiachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

WATURE REQUIRED

R2E034 (11/98)