

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

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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90090 030 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000083506**

1. Corporation Name  
**RAFAEL MONTILLA INC.**



Principal Place of Business 935-SW 44 AVE. B-201 MIAMI FL 33134 US	Mailing Address 935-SW 44 AVE. B-201 MIAMI FL 33134 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/07/1996**

2. Principal Place of Business 21 4611 N.W. 6 ST. Suite, Apt. #, etc. 22 MIAMI, FL. City & State 23 33126-5307 USA Zip Country	2a. Mailing Address 26 4611 N.W. 6 ST. Suite, Apt. #, etc. 27 MIAMI, FL. City & State 28 33126-5307 USA Zip Country
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4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Yes  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

9. Name and Address of Current Registered Agent

**MONTILLA, RAFAEL A**  
**2260 NW 27 AVE #424 D**  
**MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name **MONTILLA RAFAEL A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4611 N.W. 6 ST.**

83

84 City **MIAMI.** FL 85 Zip Code **33126-5307**

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 *Rafael Montilla* DATE **04-26-99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	OP	<input type="checkbox"/> DELETE
NAME	MONTILLA, RAFAEL	
STREET ADDRESS	935 SW 44 AVE., #B-201	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MONTILLA RAFAEL	
1.3 STREET ADDRESS	4611 N.W. 6 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33126-5307.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rafael Montilla* DATE: **04-26-99.** N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)