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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000084398 (2)

1. Corporation Name

COMERCIALIZADORA REGIONAL CENTROAMERICANA, INC.



Principal Place of Business

8180 NW 36 STREET #100
MIAMI FL 33166

Mailing Address

8180 NW 36 STREET #100
MIAMI FL 33166-6650

3. Date Incorporated or Qualified

10/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 4940 NW 72 Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0701620

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 Miami, Florida

City & State

28

Zip

24 33166

Country

25 Dade

Zip

29

Country

30

9. Name and Address of Current Registered Agent

AULET, CELIA N
8180 NW 36 STREET #100
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

Celia N. Aulet

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

4940 NW 72 Ave.

83

84 City

Miami

FL

85 Zip Code

33166

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

Celia N. Aulet
Signature, typed or printed name of registered agent and to whom applicable.

Celia N. Aulet

4/30/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PESCOD, RICHARD J
STREET ADDRESS 8180 NW 36 STREET #100
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE D
NAME DANIELS, GILBERT W
STREET ADDRESS 8180 NW 36 STREET #100
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE D
NAME ATALA, EDUARDO Z
STREET ADDRESS 8180 NW 36 STREET #100
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE D
NAME MELO, ARTURO
STREET ADDRESS 8180 NW 36 STREET #100
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE D
NAME NOGUEIRA, JORGE
STREET ADDRESS 8180 NW 36 STREET #100
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

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 do 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.

SIGNATURE:

Sandra B. Mortham

4/30/97 305-594-7511

CR2E034 (9/96)