

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90124 004 ***150.00

DOCUMENT # P96000095988

1. Entity Name

CONDAL & PENAMIL HOUSE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

741-84 Lincoln Road

3. Mailing Address

741-743 Lincoln Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0785387

Applied For

Not Applicable

Zip
33139

Country
U.S.A.

Zip
33139

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Roberto F. Fleitas

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

782 N.W. Lejeune Road

Suite 530

City

Miami

FL

Zip Code

33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Secretary
NAME Federico G. De Aledo y Buergo
STREET ADDRESS Calle Bencome #19 La Laguna
CITY-ST-ZIP Santa Cruz de Tenerife

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President/Director
NAME Francisco J. Zamorano Saenz
STREET ADDRESS Las Mimosas S/N Santa Cruz de
CITY-ST-ZIP Tenerife, Santa Cruz de Tenerife

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME Enrique Provins
STREET ADDRESS Apartado de Correos 1364 Barrio
CITY-ST-ZIP Chamberi, Santa Cruz de Tenerife

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President
NAME Javier Morales
STREET ADDRESS Las Mimosas S/N Santa Cruz de
CITY-ST-ZIP Tenerife, Islas Canarias, Spain

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 18, 2003

305-604-9690

Date

Daytime Phone #

CR2E034B (12/02)