

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90139 031 \*\*\*150.00

DOCUMENT # P96000097701

1. Corporation Name  
2049, INC.

Principal Place of Business

1909 CARALEE BLVD.  
SUITE 2  
ORLANDO FL 32822

Mailing Address

1909 CARALEE BLVD.  
SUITE 2  
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

59-3466603

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

Suite, Apt. #, etc.

22. City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

MENDIZABAL, MIGUEL  
1468 S. SEMORAN BLVD.  
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RUIZ, DANIEL  
STREET ADDRESS KILOMETRO 14, MONTE ALTO, LOS PINOS #2  
CITY-ST-ZIP JUNAUTOS, VENEZUELA, CARACAS

TITLE VP ☐ DELETE

NAME RUIZ, MARIA E  
STREET ADDRESS 1909 CARALEE BLVD., #2  
CITY-ST-ZIP ORLANDO FL 32822-4533

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

RUIZ, DANIEL  
KILOMETRO 14, MONTE ALTO, LOS PINOS #2  
JUNQUITOS, CARACAS, VENEZUELA

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Maria E Ruiz

Date

Daytime Phone #

4/10/99

CR2E034 (11/98)