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

DOCUMENT # P96000102981

1. Corporation Name

SKI TECH OF MIAMI, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90178 043 ***150.00

				·····			
Principal Place of Business Mailing Address					i immiliater sen einer anter anter anger anter	****** ***** ***** *****	
6621 TAMIAMI	6621 TAMIAMI CANAL RD 6621 TAMIAMI CANAL RD			· _			
MIAMI FL 3312		MIAMI FL 33126			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
					12/23/1996		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Api	lied For
21	acc of Basiliess	26			65-0716810	No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		City & State			- Floring Committee Financian	\$5.00	·
City & Sitate	<u> </u>	28			6. Electic n Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip 29	Country		This corporation owes the current year Personal Property Tax.	ır Intangible ☐ Yes	⊿ No
	9. Name and Address of Co				10. Name and Address of New Registe	red Agent	
			81	Name			
PERI	ez-Caurel, alejandro		82	Stroot Auldi	ress (P.O. Bo); Number is Not Acceptable)		
6621 TAMIAMI CANAL RD.			02	Sileet Addi	ress (F.O. Bo), Number is Not Neceptable)		
MIAMI FL 33126							
			84 (City .		85 Zip C	ode
				City		FL °° Z °°	Jouc
agent, I a	m familiar with, and a cept the o	bligations of, Section 607.0505, Florid diagnosist and title if applicable. (NOTE: F	da Statutes.		su when resistating,	24-59	
12.		SAND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PEREZ-CAUREL, ALEJAND		1.2 NAME				
STREET ADDRI SS	6621 TAMIAMI CANAL RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 331 <u>26</u>	— — — — — — — — — — — — — — — — — — —	1.4 CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	2.1 TITLE			□ Change	
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		□ DELETE	2. 4 CITY-ST-ZIP			Change	Addition
TITLE		Dografe	3.1 NAME			_ 334	
NAME			3.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP			Change	Addition
TITLE		_ beach	4.1 MILE				_
NAME .			4.2 NAME	nngess			
STREET ADDRESS			4.4 CITY-ST-Z				
TITLE		□ DELETE	5.1 TITLE	.11-		Change	☐ Addition
DILE							

14. Heret y certify that the informa ion supplied with this filling 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 changes, or on an attactment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNING OFFICE R OR DIRECTOR

DELETE

☐ Addition

Change