Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90091 014 \*\*\*150.00

## 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** 

DOCUN  1. Corporation  GUASCO	•	104074			
Principal Place	of Business	Mailing Address			J 18011880 WA (BRIS 2151) 2011 1 2011 1 2011 1 2011 2011 2011 2
7724 NW 64TH ST MIAMI FL 33166		7724 NW 64TH ST MIAMI FL 33166 US			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
	,				12/23/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26					65-0726668 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees
23[ Zip			Countr	·	8. This corporation owes the current year Intangible
24	25	<b>—</b>	30		Personal Property Tax.
24	9. Name and Address of Current Registered Agent		-		10. Name and Address of New Registered Agent
81 N					
CORPORATION SERVICE COMPANY					A Liver (D.O. Dev. March on in high Assentable)
1201		82 Street Addre		Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301			83	3	
					loal 75 Orde
		84	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			ent signature i	required when reinstating)  DATE  ADDITIONO (CLAMACES TO OFFICE BY AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	☐ DEFEIE	1.1 TITLE		
NAME	GRAJALES, JOSEBA		1.2 NAME		7220 NW 36 St. SUITE 310 MIRMI (FL) 33/65
STREET ADDRESS	P.O. BOX 76801080, N/A	•		ET ADDRESS	Minus (F1) 23/66
CITY-ST-ZIP	VITORIA/GASTIEZ SPAIN	C) belete	1.4 CITY-1	ST-ZIP	[PChange Addition]
TITLE	SDP	☐ DELETE	2.1 TITLE		
NAME	PAITUVI, MARTIN		2.2 NAME		7220 NW 36 St. SUITE 310
STREET ADDRESS	P.O. BOX 76801080, N/A		2.3 STREET ADDRESS		MIAMI (FL) 33166
CITY-ST-ZIP	VITORIA/GASTIEZ SPAIN	DELETE	2. 4 CITY-ST-ZIP		Z Change ☐ Addition
TITLE	U				
NAME	FRANCO, JOSE M		3.3 STDEET ADDRESS		7220 NW 36 St. SUITE 310
STREET ADDRESS	P.O. BOX 76801080, N/A VITORIA/GASTIEZ SPAIN		3.4. CITY-ST-ZIP		MIAMI (FL) 33166
CITY-ST-ZIP	VITORIA/GASTIEZ SPAIN	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
TITLE		□ perrir	l i		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		'
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE			5.1 TITLE 5.2 NAME		
NAME				Et address	
STREET ADDRESS			5.4 CiTY-		
CITY-ST-ZIP			V.4 U.111	<b>-</b> ,	

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 the 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 truetee impowered 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition