

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 # P97000001262

1. Corporation Name
APOLONIA, INC.

Principal Place of Business
150 OCEAN DRIVE
MIAMI BCH FL 33139
US

Mailing Address
150 OCEAN DRIVE
100 S.E. 2ND ST. 28TH FLOOR
MIAMI BCH FL 33139
US

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90069 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1997

4. FEI Number

65-0722638

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

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST.
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Jennifer L. Schechtman
82 Street Address (P.O. Box Number is Not Acceptable)
9050 Pines Blvd # 385A
83 Pembroke Pines
84 City FL 85 Zip Code 33024

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

4/21/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DPST
NAME LUDWIGSEN, CHRIS P
STREET ADDRESS 1439 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE DV ☒ DELETE

NAME CRAN, ROBERTO
STREET ADDRESS 2324 NW 5TH AVENUE
CITY-ST-ZIP MIAMI FL 33127

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DV ☒ Change ☐ Addition
CAAN, Roberto
830 W. Dillido Dr.
Miami Beach, FL 33139

VD ☐ Change ☒ Addition
CASARES, INGRID
300 S POINTE DE #1507
MIAMI BEACH FL 33139

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: CHRIS LUDWIGSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (305) 674-8871

Date

Daytime Phone #

CR2E034 (11/98)