

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90009 014 ***158.75

DOCUMENT # P97000007636

1. Corporation Name
CINCO INVESTMENTS, INC.

Principal Place of Business
55 OCEAN LANE DRIVE UNIT 3019
KEY BISCAYNE FL 33149

Mailing Address
55 OCEAN LANE DRIVE UNIT 3019
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number
65-0746013

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

2a. Mailing Address

21 217 E. ENID DR.

26 POB 490265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 KEY BISCAYNE FL

27 City & State
28 KEY BISCAYNE, FL

24 Zip
25 33149

Country
26 USA

29 Zip
30 33149-0265

Country
31 USA

9. Name and Address of Current Registered Agent

ARIAS, MANUEL F
55 OCEAN LANE DRIVE UNIT 3019
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name
ARIAS, MANUEL F.

82 Street Address (P.O. Box Number is Not Acceptable)
217 E. ENID DRIVE

83

84 City
KEY BISCAYNE

FL

85 Zip Code
33149

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

Manuel F. Arias - MANUEL F. ARIAS - DIRECTOR

1/9/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE
NAME ARIAS, MANUEL F
STREET ADDRESS 55 OCEAN LANE DRIVE UNIT 3019
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE STD ☐ DELETE
NAME ARIAS, ANGELA
STREET ADDRESS 55 OCEAN LANE DRIVE UNIT 3019
CITY-ST-ZIP KEY BISCAYNE FL 33149

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

1.1 TITLE PVD ☐ Change ☐ Addition
1.2 NAME ARIAS, MANUEL F. ADDRESS
1.3 STREET ADDRESS 217 E. ENID DRIVE CHANGE
1.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149

2.1 TITLE STD ☐ Change ☐ Addition
2.2 NAME ARIAS, ANGELA ADDRESS
2.3 STREET ADDRESS 217 E. ENID DRIVE CHANGE
2.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149

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

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

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

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

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

Manuel F. Arias - MANUEL F. ARIAS

DIRECTOR

1/9/99

(305) 444-6035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0221319