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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90260 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022271

1. Corporation Name
CORSETTE GROUP, INC.

Principal Place of Business
14183 S.W. 142ND AVENUE
MIAMI FL 33186

Mailing Address
14183 S.W. 142ND AVENUE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

65-0736439

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 tangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 15357 SW 55 terr

Suite, Apt. #, etc.

22 City & State

23 Miami FL

Zip

24 33185

Country

2a. Mailing Address

26 15357 SW 55 terr

Suite, Apt. #, etc.

27 City & State

28 Miami FL

Zip

29 33185

Country

9. Name and Address of Current Registered Agent

ALPERT, MARC D
14183 S.W. 142ND AVENUE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 MARC ALPERT

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

84 15357 SW 55 terr

85 City

86 Miami

FL

87 Zip Code

88 33185

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

TITLE PD
NAME ALPERT, MARC D
STREET ADDRESS 14183 S.W. 142ND AVENUE
CITY-ST-ZIP MIAMI FL 33186

TITLE TD
NAME STONE, JEFFREY R
STREET ADDRESS 233 BRICKELL AVENUE #2009
CITY-ST-ZIP MIAMI FL 33129

TITLE SD
NAME VALCARCE, ROBERTO
STREET ADDRESS 9447 FONTANBLEAU BLVD., #201
CITY-ST-ZIP MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99

305-225-8391

CR2E034 (11/98)