

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90071 044 ***150.00

DOCUMENT # P97000029679 (2)

1. Corporation Name

ADRIAMAR FINANCE CORP.

Principal Place of Business
10300 N.W. 121st Way
Medley Florida 33178

Mailing Address
10300 N.W. 121st Way
Medley, Florida 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1997

4. FEI Number
65-0744142

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. Suite, Apt. #, etc.

26. 2 S Biscayne Blvd.

22. City & State

27. Suite 3400

23. Zip

28. Miami Florida

24. Country

29. 33131 30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lamas, Jose A.
10300 N.W. 121st Way
Medley, Florida 33178

81 Name
Valdes-Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
2 S. Biscayne Blvd.
83 Suite 3400
84 City
Miami FL 85 Zip Code
33131

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 a natural person and I accept the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE By:

Raul E. Valdes-Fauli

Raul E. Valdes-Fauli, President

February 19, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME Lamas, Jose A.
STREET ADDRESS 10300 N.W. 121st Way
CITY-ST-ZIP Medley, Florida 33178

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Lamas, Jose A.
1.3 STREET ADDRESS 10300 N.W. 121st Way
1.4 CITY-ST-ZIP Medley, Florida 33178

TITLE D ☐ DELETE
NAME Flinn, David L.
STREET ADDRESS 10300 N.W. 121st Way
CITY-ST-ZIP Medley, Florida 33178

2.1 TITLE S/T ☐ Change ☒ Addition
2.2 NAME Flinn, David L.
2.3 STREET ADDRESS 10300 N.W. 121st Way
2.4 CITY-ST-ZIP Medley, Florida 33178

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Lamas, President

Date

2/23/99

Daytime Phone #

(305) 556-3265

CR2E034 (11/98)