

**PROFIT CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P97000031807**

1. Corporation Name  
**STRATA CORP.**

**FILED**

**99 OCT 21 AM 8:52**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**983 N NOB HILL RD  
PLANTATION FL 33324**

Mailing Address  
**983 N NOB HILL RD  
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

**04/08/1997**

4. FEI Number

**65-0745464**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

**MARULANDA, CARLOS A  
983 N NOB HILL RD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

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 Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DO** ☐ DELETE  
NAME **MARULANDA, CARLOS A**  
STREET ADDRESS **983 N NOB HILL RD**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **DO** ☐ DELETE  
NAME **MARULANDA, PABLO A**  
STREET ADDRESS **983 N NOB HILL RD**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **DO** ☐ DELETE  
NAME **MARULANDA, CESAR A**  
STREET ADDRESS **983 N NOB HILL RD**  
CITY-ST-ZIP **PLANTATION FL 33324**

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 **5000030359** ☐ Add ☐ Change  
1.2 NAME **-11/09/99--01022--001**  
1.3 STREET ADDRESS **\*\*\*900.00 \*\*\*150.00**  
1.4 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1. P. Carlos Marulanda 04-29-99 (954) 494-2828**

(2)

October 14, 1999

Department of State  
Division of corporations  
Reinstatement Department  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

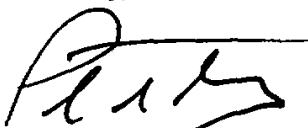
As per our telephone conversation of today, I would like to request the acceptance of the annual report filings made by us on April 30<sup>th</sup>. For that purpose I am enclosing copies of the corrected annual report filing and its payment. (6 X \$150.00 = \$900.00)

On April 30, 1999. We filed the annual report for the following corporations without the required payment. As stated by your office, you had replied to us, to the address of record but unfortunately we did not get them or got lost in our office.

WESTON ORLANDO HOTEL, INC.	P98000068335
WESTON ORLANDO PARK, INC.	P98000068333
WESTON ORLANDO FIVE, INC.	P98000068823
AMERILOAN MORTGAGE CORP	G69819
STRATA CORP.	P97000031807
I.D.I. ORANGE, INC.	P95000086777

I want to thank you in advance for your cooperation to this matter.

Cordially,

  
Pablo Marulanda