

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 90226 010 \*\*\*150.00

DOCUMENT # P97000035130

1. Corporation Name  
BIG PLANET, INC.

Principal Place of Business

601 BRICKELL KEY DR  
SUITE 705  
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DR  
SUITE 705  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

65-0763117

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

21 1541 BRICKELL AVENUE

2a. Mailing Address

26 1541 BRICKELL AVENUE

Suite, Apt. #, etc.

22 T-110

Suite, Apt. #, etc.

27 T-110

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33129

Country

25 USA

Zip

29 33129

Country

30 USA

9. Name and Address of Current Registered Agent

DE LA PENA, VILLANUEVA & LLP  
601 BRICKELL KEY DR  
705  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

GARCIA-FIORE FERNANDO

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

1541 BRICKELL AV T 110

83

84 City Miami

FL

85 Zip Code

33129

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

FERNANDO M. GARCIA-FIORE (V.P.)

4/7/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA FIORE, FERNANDO M	
STREET ADDRESS	1541 BRICKELL AVENUE T-110	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERGARA VERGARA, SOFIA M	
STREET ADDRESS	4466 ALTON ROAD	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DE LA PENA, LEONCIO	
STREET ADDRESS	601 BRICKELL KEY DR, STE 705	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

FERNANDO M. GARCIA-FIORE (305) 854-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone