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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90001 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000037445

1. Corporation Name

PROMINVEST CORPORATION

Principal Place of Business

**6944 PALMETTO CIRCLE SOUTH
BOCA RATON FL 33433**

Mailing Address

**1355 W. PALMETTO PARK ROAD
#339
BOCA RATON FL 33486-3303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0786867

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

9805 HARBOUR OAKS LN

Suite, Apt. #, etc.

301

City & State

BOCA RATON FL

Zip

33438

Country

FL

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9. Name and Address of Current Registered Agent

**BARTHE, FREDERIC M
888 S.E. 3RD AVE.
SUITE 400
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

PATRICK VIVIES

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

700 E BANDA BEACH BLVD

83 Suite

SUITE 202

84 City

DANIA

FL

85 Zip Code

33004

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ALOR, DANIEL**
CITY-ST-ZIP **6944 PALMETTO CIRCLE SOUTH
BOCA RATON FL 33433**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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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 ☒ Change ☐ Addition
1.2 NAME **DANIEL ALOR**
1.3 STREET ADDRESS **9805 HARBOUR OAKS LN # 301**
1.4 CITY-ST-ZIP **BOCA RATON FL 33438**

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

02/11/1999

Date

Daytime Phone #

CR2E034 (1/98)