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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000038942 (3)

PHARAOH CORP.

Mailing Address Principal Place of Business 7835 NW 15TH STREET

FILED Feb 26 1998 8:00am Secretary of State



7835 NW 15TH STREET MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-076 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. **Æ**Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Flegistered Agent **R1** Name ZANARDI, MARCELO E 7835 NW 15TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** 83 City 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 regis and 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 fall illar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or smutost more of registered againt and title if applicable (NOTE Registered Agent signature required w ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE ☐ Change Addition TITLE CARMEN COCA, MARIA D 1.2 NAME NAME 7835 NW 15TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE THLE MENENDEZ. CHARLES A 2.2 NAME NAME 7835 NW 15TH STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DILETE TITLE NAME 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 receivar or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or off an attachment with an address.

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