

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  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90020 021 \*\*\*150.00

DOCUMENT # P97000047515

1. Corporation Name

PADOVAN EASY SPANISH, INC.

Principal Place of Business

609 BRICKELL AVE  
MAIMI FL 33131

Mailing Address

609 BRICKELL AVE  
MAIMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

65-0760208

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

21 901 CRANDON BLVD

Suite, Apt. #, etc.

22 901

City & State

23 KEY BISCAYNE

Zip

24 33147

Country

25 FLORIDA

2a. Mailing Address

26 901 CRANDON BLVD

Suite, Apt. #, etc.

27 901

City & State

28 KEY BISCAYNE

Zip

29 33147

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

PADOVAN, MARIA G  
609 BRICKELL AVE  
MAIMI FL 33131

10. Name and Address of New Registered Agent

81 Name PADOVAN, MARIA G

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

901 CRANDON BLVD SUITE 901

83

84 City KEY BISCAYNE

FL

85 Zip Code

33147

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 PTD ☐ DELETE

NAME KINDELL, ROLAND

STREET ADDRESS 64 ALTON RD, #8

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VSD ☐ DELETE

NAME PADOVAN, MARIA G

STREET ADDRESS 265 GRAPETREE DR, #123

CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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

3/30/99

305-573-7217

Date

Daytime Phone #

CR2E034 (11/98)