

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 20 1998 8:00am  
Secretary of State

DOCUMENT # **P 7000047694 (9)**

1. Corporation Name

**LOST TREASURES, INC.**



Principal Place of Business

Mailing Address

**3083 SOUTHWEST 16 TERRACE  
MIAMI FL 33145**

**3083 SOUTHWEST 16 TERRACE  
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **3202 Coral way**

26 **249 Fern way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **B**

27

City & State

City & State

23 **Miami, FL**

28 **Miami Springs, FL**

Zip

Zip

Country

Country

24 **33145**

25 **DADE**

29 **33166**

30 **DADE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/30/1997**

4. FEI Number

**65-0757011**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name

**SAME**

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

**Maximo Colmenero President** *Maximo Colmenero President* **1/6/98**

Signature typed or printed name of registered agent and fee P applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PSYD**  
STREET ADDRESS **COLMENERO, MAXIMO**  
CITY-ST-ZIP **3083 SOUTHWEST 16 TERRACE  
MIAMI FL 33145**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **President**  
1.3 STREET ADDRESS **MAXIMO COLMENERO**  
1.4 CITY-ST-ZIP **249 FERN WAY  
MIAMI SPRINGS, FL 33166**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **PADILLA, RACHEL**  
CITY-ST-ZIP **3083 SOUTHWEST 16 TERRACE  
MIAMI FL 33145**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 or on an attachment with an address.

SIGNATURE:

*Maximo Colmenero President* **Maximo Colmenero** **1/6/98** **(305) 445-4995**

CR2E034 (10/97)