

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 14, 1999 8:00 am  
Secretary of State

04-14-1999 90030 026 \*\*\*150.00

DOCUMENT # P97000060314

1. Corporation Name  
PAMPLONA ENTERPRISES, INC.



Principal Place of Business  
10691 NORTH KENDALL DRIVE  
SUITE 310  
MIAMI FL 33176

Mailing Address  
10691 NORTH KENDALL DRIVE  
SUITE 310  
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8500 S.W. 8 Street		26 8500 S.W. 8 Street		07/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite # 228		27 Suite # 228		65-0767661	
City & State		City & State		Applied For	
23 Miami, Florida		28 Miami, Florida		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33144		25 U.S.		29 33144 30 U.S.	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MACHADO, JOSE LUIS  
10691 NORTH KENDALL DRIVE  
STE. 310  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name Jose Luis Machado  
82 Street Address (P.O. Box Number is Not Acceptable)  
8500 S.W. 8 Street  
83 Suite 228  
84 City Miami FL 85 Zip Code 33144

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

4/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, AGUSTIN	1.2 NAME	Agustin Herran
STREET ADDRESS	10691 NORTH KENDALL DRIVE SUITE 310	1.3 STREET ADDRESS	8500 S.W. 8 Street, Ste 228
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	Miami, FL 33144
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, ARMANDO	2.2 NAME	Armando Guerra
STREET ADDRESS	10691 NORTH KENDALL DRIVE SUITE 310	2.3 STREET ADDRESS	8500 S.W. 8 Street, Ste 228
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	Miami, FL 33144
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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  
Agustin Herran

Date 4/6/99 (305) 262-6533  
Daytime Phone #

CR2E034 (11/98)

0254377