

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
99 SEP 27 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062557
1. Original Name

CLAPE INC.

Principal Place of Business
801 BRICKELL BAY DRIVE
BOX 16
MIAMI, FL 33131

Mailing Address
801 BRICKELL BAY DRIVE
BOX 16
MIAMI, FL 33131

REINSTATEMENT 0899⁰

3. Date Incorporated or Qualified
JULY 18, 1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23. Zip Country

28. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24. [25]

29. [30]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEDRO GONZALEZ
801 BRICKELL BAY DRIVE BOX 16
MIAMI, FLORIDA 33133

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 *Pedro Gonzalez*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **09-23-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PRES. PEDRO GONZALEZ [] DELETE
801 BRICKELL BAY DRIVE BOX 16
MIAMI, FLORIDA 33131

11 TITLE [] Change [] Addition

[] DELETE

12 NAME

[] DELETE

13 STREET ADDRESS

[] DELETE

14 CITY-ST-ZIP

[] DELETE

21 TITLE

[] DELETE

22 NAME

[] DELETE

23 STREET ADDRESS

[] DELETE

24 CITY-ST-ZIP

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31 TITLE

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54 CITY-ST-ZIP

[] DELETE

61 TITLE

[] DELETE

62 NAME

[] DELETE

63 STREET ADDRESS

[] DELETE

64 CITY-ST-ZIP

[] DELETE

600003006500 [] Addition
-10/05/99--01113--011
*****900.00 ***900.00**

KE

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 *Pedro Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09-23-99**
Daytime Phone #

CR2E034 (11/98)