P97000069909

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 21 AM 10:11

# DOCUMENT # P97000069909

1. Corporation Name
OAK INVESTMENTS AND HOLDINGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 901 PONCE DE LEON BLVD SUITE 601<br>CORAL GABLES FL 33134 | 901 PONCE DE LEON BLVD SUITE 601<br>CORAL GABLES FL 33134 |

05-04-99 90077 044 $150.00

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>08/13/1997 | |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>APPLIED FOR 65-083037 | 2 Applied For<br>Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 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 | |

7. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD SUITE 601
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Jaqueline S. Soares
82 Street Address (P.O. Box Number is Not Acceptable): 7601 E. Treasure Dr # 1023
83
84 City: N. Bay Village FL 85 Zip Code: 33141

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. Each 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: Jaqueline S. Soares (NOTE: Registered Agent signature required when submitting) DATE: 4/20/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE D<br>NAME DE CARVALHO SOBRINHO, JAQUIM R.<br>STREET ADDRESS 901 PONCE DE LEON BLVD SUITE 601<br>CITY-ST-ZIP CORAL GABLES FL 33134 | ☐ DELETE | 13.1 TITLE<br>13.2 NAME JOAQUIM R. DE CARVALHO SOBRINHO<br>13.3 STREET ADDRESS<br>13.4 CITY-ST-ZIP Pls correct | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (11/96)

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: X SIGNATURE REQUIRED 4/20/99 (305) 865-0927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOAQUIM R. DE CARVALHO SOBRINHO