

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 03 1998 8:00am
Secretary of State

DOCUMENT # **P97000075449 (3)**

1. Corporation Name

ILLUSION INVESTMEN CORP.

Principal Place of Business

**13786 SW 8 ST
MIAMI FL 33184**

Mailing Address

**13786 SW 8 ST
MIAMI FL 33184**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

08-0779004

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DEL CALVO, THOMAS
231 NW 136 AVE
MIAMI FL 33182**

10. Name and Address of New Registered Agent

81 Name

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 *Thomas Del Calvo*
Signature, typed or printed name of registered agent and title if applicable

THOMAS DEL CALVO
(NOTE: Registered Agent signature required when reinstating)

07-20-98
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DEL CALVO, THOMAS**
STREET ADDRESS **231 NW 136 AVE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **SD** ☐ DELETE
NAME **SOBRIN, FRANCISCO**
STREET ADDRESS **281 NAVARRE AVE SUITE 205**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE *Thomas Del Calvo* **THOMAS DEL CALVO** *3/5/98*

CR2E034 (5/98)

ILLUSION INVESTMENT CORP
13786 SW 8TH ST
MIAMI, FL 33184
DOC.# P97000075449

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32302

JULY 23, 1998

TO WHOM IT MAY CONCERN:

WE ARE WRITING TO YOUR OFFICE BECAUSE WE NEVER RECEIVED OUR ANNUAL REPORT FOR THE YEAR 1998. WE RECEIVED IT NOW AND ~~IT SAYS THAT WE OWE AN~~ ADDITIONAL \$400.00. PLEASE EXCUSE US FOR ANY INCONVINIENCE THIS MAY HAVE CAUSED BUT WE WERE NOT AWARE OF THIS PAYMENT AND SINCE WE NEVER RECEIVED THE INITIAL REPORT IT WAS NOT PAID ON TIME. THANK YOU FOR ALL YOUR TIME, YOUR PROMPT ATTENTION WILL BE GREATLY APPRECIATED.

THANK YOU,


ARENA J. PRADO