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

DOCUMENT # P97000076256

1. Corporation Name

ACONCAGUA CORP.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90030 002 ***150.00



		A 4 - 112 A - 1-4				7 1 100011001 110 10111 10011 10011 100	,,, 2011, 00111 11			1110 6311 1401
Principal Place of Business Mailing Address										
1820 EAST HALLANDALE BEACH BLVD 1820 EAST HALLANDALE BE HALLANDALE FL 33009			EACH BLV	/D		DO NOT WRI	TE IN THIS	SPAC	=	
						3. Date Incorporated or Qualifed		01 /10		•
			<u> </u>			09/03/1997				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
21		26		*		65-0778239				Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>├</u>			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	8	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23	,	28				Trust Fund Contribution		Ad	ided to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curre	ent year Inta	ingible		_
24	25	29	30			Personal Property Tax.	*****	☐ Ye	<u> </u>	□No
	9. Name and Address of Cur.	rent Registered Agent				10. Name and Address of New F	tegistered /	Agent		
			ŧ	B1	Name					
PERLOW, JEFFREY M				B2	Stroot Addre	Street Address (P.O. Box Number is Not Acceptable)				
C/O JEFFREY M. PERLOW & ASSOCIATES, P.A.				"	Silber Addre	ess (F.O. Box Number is Not Acceptable)				
) E HALLANDALE BEACH BLV	D	T P	B3						
HALI	LANDALE FL 33009		-	84	City			85 Zip Code		
	-				_	pration submits this statement for the	FL	1	•	
agent. I a	m ramiliar with, and accept the oblining states of registered states.	igations of, Section 607.0505, Flor			t signature required	when reinstating)	DATE			
12.		AND DIRECTORS	13.		- angliana	ADDITIONS/CHANGES TO OF	FICERS AN	D DIR	ECTOR	RS IN 12
TITLE	P DELETE		1.1 TITL	E				Ch		Addition
NAME	JODIK, CESAR R		1.2 NAM	Æ	1					
STREET ADDRESS	1820 EAST HALLANDALE B	FACH BLVD	1		ADDRESS					
	HALLANDALE FL 33009			1.4 CITY-ST-ZiP						
CITY-ST-ZIP	S	DELETE	2.1 TITL	_	· ZIF			☐ Ch	ange	☐ Addition
	SCHUHFELD. LOLA FRENKI		2.2 NAM							
NAME	1820 EAST HALLANDALE B				ADODESS	•				
STREET ADDRESS	HALLANDALE FL 33009	E-CIT BETO	1 .	2.3 STREET ADORESS 2. 4 CITY-ST-ZIP						
CITY-ST-ZIP	TIALLANDALL IL 33009	- DELETE	2.4 CIT		1-21	· · · · · · · · · · · · · · · · · · ·		□ Ch	ange	Addition
TITLE			3.2 NAM						•	
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL	_	1-212			□ CI	ange	Addition
TITLE			4, 2 NA					_	•	
NAME			•		ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP	<u> </u>	□ DELETE	4,4 C/T 5,1 TITL		-4P		 		ange	☐ Addition
TITLE	•		5.1 IIIL					۔ ر		
NAME					ADDRESS					
STREET ADDRESS			5.4 CIT							
CITY-ST-ZIP		[] DELETE	6.1 TITL		- 2.15		- 	CI	ance	Addition
TITLE		C) perese	6.2 NAM							
NAME					ADDRESS					
OTREET ADDRESS	1		■ 0.J 3 I N	اعت	AUUREOO I					

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: