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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081813

1. Corporation Name
SATELCO, INC.



Principal Place of Business

Mailing Address

~~1430 W 49TH PLACE~~

~~STE 510~~

~~HALEAH FL 33012~~

~~US~~

~~1430 W 49TH PLACE~~

~~STE 510~~

~~HALEAH FL 33012~~

~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 200 NE 2ND DRIVE

Suite, Apt. #, etc.

22

23 HOMESTEAD, FL

24 33030

25 US

2a. Mailing Address

26 200 NE 2ND DRIVE

Suite, Apt. #, etc.

27

28 HOMESTEAD, FL

29 33030

30 US

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0787925

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GOMEZ, JUAN D~~

~~1430 W 49TH PLACE~~

~~STE 510~~

~~HALEAH FL 33012~~

81 Name

MARTINEZ, JORGE

82 Street Address (P.O. Box Number is Not Acceptable)

200 NE 2ND DRIVE

83

84 City

HOMESTEAD

FL

85 Zip Code

33030

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

4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MARTINEZ, JORGE
STREET ADDRESS 1430 S.W. 12TH AVENUE
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☒ DELETE

NAME GOMEZ, JUAN D
STREET ADDRESS 1430 S.W. 12TH AVENUE
CITY-ST-ZIP MIAMI FL 33129

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

1.1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 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

52 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

CR2E034 (11/98)