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 # P97000087820

PUNTANA TRADING CORP.

Principal Place of Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90178 020 ***150.00

|--|--|--|--|--|--|--|

3000 UNIVERSITY CORAL SPRINGS			JNIVERSITY DR STE E SPRINGS FL 33065				DO.NOT_WRIT	E,IN,THIS	SPACE.	
-							 Date Incorporated or Qualifed 10/09/1997 			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For
21		26				_ }	65-0790277	_		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired			5 Additional Required
22		27	the C State		_		State O and I State Stat	_		
City & State	,	City & State					Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip Count			гу		8. This corporation owes the curre	ent year Inta	_	
24	25	29		30			Personal Property Tax.		∐ Yes	No
	9. Name and Address of Current	Register	ed Agent				10. Name and Address of New R	egistered /	Agent	
	DI 4444			18	H I	Name				{
1	ri, Juan I University dr			8	12	Street Addres	s (P.O. Box Number is Not Accepta	ble)	•	
STE E				8	13					
CORAL	. Springs fl 33065			8	4	City			85 2	Zip Code
						,		<u>FL</u>	. }	`
11. Pursuant to	the provisions of Sections 607.0502 stered agent, or both, in the State of	and 607.	1508, Florida Statutes	, the abo	ve-r	named corpor	ation submits this statement for the	purpose of	changing	nis.registered === s registered
agent. I am	familiar with, and accept the obligation	ns of, Se	ection 607.0505, Flori	da Statute	es.	ic corporation	- 1	,		
SIGNATURE	las warmen	/					3/17/9	9		
Sign	ature, typed or printed name of registered agent a				gent si	ignature required w		DATE		
12.	OFFICERS AND	DIRECT		13.		 	ADDITIONS/CHANGES TO OF	-ICERS AN		
îure [□ DELETE	1.1 TTTLE					Char	ige D Addition
	FERRARI, JUAN			1.2 NAM						
	1000 UNIVERSITY DR STE E			1.3 STRE	EET AL	DDRESS				
CITY-ST-ZIP (CORAL SPRINGS FL 33065			1.4 CITY	-ST-Z	ZIP				
	lice Pres	_ ,	☐ DELETE	2.1 TITLE	E				Char	nge 🗌 Addition
NAME 1	Bontnick, Benna	.rd		2.2 NAM	Ę	Į.				
STREET ADDRESS	1000 University	Driv	e ste e	2.3 STRE	EETAD	DDRESS				
CITY-ST-ZIP	sonthick, Derne 1000 University 10121 Springs, E	7 3	3065	2.4 CITY	/-ST-2	ŽIP				
TITLE	501001 - 11111111111		☐ DELETE	3.1 TITLE					☐ Char	nge 🗌 Addition
NAME .				3.2 NAM	F	ļ				
STREET ADDRESS				3.3 STRE		nDRESS				
				3.4. CITY						
CITY-ST-ZIP			DELETE	4.1 TITL		ZIF			Char	nge Addition
TITLE	المكن سيانة الأرف البالي			4. 2 NAM			· · · · · · · · · · · · · · · · · · ·	* .	_	٠
NAME										
STREET ADDRESS	•			4.3 STRE		\ \				
CITY-ST-ZIP				4.4 CITY		ZIP			Char	nge 🔲 Addition
TITLE			☐ DELETE	5.1 TITL		Ī			C Cuar	ião Maginoti
NAME	•			5.2 NAM		ļ				
STREET ADDRESS				5.3 STRI						
CITY-ST-ZIP				5.4 CITY		ZIP				
TITLE			☐ DELETE	6.1 TITLE	E				☐ Char	nge
NAME				6.2 NAM	E					
STREET ADDRESS				6.3 STRI	EET A[DORESS				
OFFIX DT 7/D				6.4 CITY	-ST-7	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 alternative with an address, with all other like empowered.

GRING OFFICER OR DIRECTOR