PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000091244

MONTES INTERNATIONAL BUSINESS CORP.

Principal Place of Business	Mailing Address	
15382 SW 39 LN MIAMI FL 33185 US	15382 SW 39 LN Miami FL 33185 US	

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90010 023 \*\*\*150.00



MIAMI FL 3318 US	85 MIAMI FL 33185 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/23/1997						
2. Principal F	cipal Place of Business 2a. Mailing Address				4 FEI Number	<del></del>			╡╌╌	
21		26				•• • - • • • • • • • • • • • • • • • •			plied For	4
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	-		<del></del>	65-0791207			t Applicable	4
22		27				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Sta	te	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00	•		
Zip	Country	Zip	Соц	intry				Added t	io Fees	┥
24	25	<del> </del>	30			This corporation owes the curre     Personal Property Tax.	ent year int	angible ☐ Yes	□No	
	9. Name and Address of Current		30	Τ	·-·	10. Name and Address of New R	logistared	_	L∃NO	-
				81	Name	10. Name and Address of New A	egistereu	Agent		┨
10M	NTES, MELITZA									
1538	32 S.W. 39TH LANE			82	Street Addre	t Address (P.O. Box Number is Not Acceptable)				1
MIAN	WI FL 33185			83	·					1
				65						1
				84	City 85 Zip Co		Code	1		
44 Durauant	to the provisions of Sections 607 0500			LL			<u>FL</u>	1 1 1		
	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	ons of, Section 607.0505, Flori			named corpo he corporation	ration submits this statement for the pairs board of directors. I hereby accept	purpose of t the appoir	changing its ntment as req	registered gistered	
	Signature, typed or printed name of registered agent		Registered	Agent s	signature required	when reinstating)	DATE			ء ا
12. OFFICERS AND DIRECTORS			13.	3. ADDITIONS/CHANGES TO OFFICERS AND DIR				D DIRECTO	RS IN 12	80/
TITLE	PD	☐ DELETE	1.1 TIT	LE		•		☐ Change	☐ Addition	Ξ
NAME	MONTES, MERLITZA		-1.2 NA	ME -				*		4
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TITLE	D	☐ DELETE	2.1 TIT	LE	İ		.,	☐ Change	Addition .	C
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STREET ADDRESS			2.3 STI	REETA	DDRESS					ĺ
CITY-ST-ZIP	MIAMI FL 33185			2.4 CITY-ST-ZIP						ı
TITLE		☐ DELETE	3.1 TIT	LĘ				Change	Addition	ĺ
NAME			3.2 NA	ME						ĺ
STREET ADDRESS				REETAI	DORESS					ĺ
CITY-ST-ZIP				Y-ST-					i	
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3 *2 -	SELECTION OF SELECT		I							

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filled. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.