Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700096324

Country

9. Name and Address of Current Registered Agent

25

VARELA, LAZARO

City & State

| VARELA INVESTMENTS CORPORATION | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | | | | |
| 2490 WEST 70TH PLACE HIALEAH FL 33016 | 2490 WEST 70TH PLACE HIALEAH FL 33016 | | | | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | | | | |

28

29

Zip

City & State

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90032 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

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

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

11/12/1997 4, FEI Number

65-0793490

| Signature, typod or protect name of registered agent and tile if applicable. 2. OFFICERS AND DIRECTORS ILE PD | 2490 WEST 70TH PLACE HIALEAH FL 33016 | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
|---|--|--|--------------------------------------|------------------|--|--|------------------|--------------|
| 1. 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. IGNATURE Signature, byed or printed name of registered agent and title if applicable. IGNATURE QUARELA, LAZARO 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NE NE NE NE NE NE NE NE NE N | | | | 83 | | | | |
| 1. 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. IGNATURE Signature, byed or printed name of registered agent and title if applicable. IGNATURE QUARELA, LAZARO 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NE NE NE NE NE NE NE NE NE N | | • | | | | | 12-1 70 | 0.4. |
| 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 tine appointment as registered agent agent, a membrane of registered agent and see if applicable. (NOTE: Registered Agent alignature required when reinstating) 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INDEX VARELA, LAZARO INDEX | | • | | 84 | City | · F | L 85 ZIP | Code |
| 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 tine appointment as registered agent agent, a membrane of registered agent and see if applicable. (NOTE: Registered Agent alignature required when reinstating) 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INDEX VARELA, LAZARO INDEX | 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes | the above | -named | corporation submits this statement for the purpose | of changing its | registered |
| Signature, typod or protect name of registered agent and tile if applicable. 2. OFFICERS AND DIRECTORS ILE PD | office or 6 | egistered agent, or both, in the State o | of Florida. Such change was aut | horized by t | the corpo | oration's board of directors. I hereby accept the app | oointment as re | gistered |
| 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. DELET | SIGNATURE | Classium hand or printed name of conjectured agent | and title if applicable (NOTE: 8 | Registered Apent | sionature o | equired when reinstating) DATE | | |
| PD | 12. | | | <u> </u> | | · | AND DIRECTO | DRS IN 12 |
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| | CITY-ST-ZIP | | | | | | | • |
| 4. 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 | 44 I boroby 6 | certify that the information supplied will | h this filing does not qualify for t | the exemption | on stated | d in Section 119.07(3)(i), Florida Statutes. I further | certify that the | information |

Country

81 Name

30

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

99 305 55 6 2 870 Daytime Phone #