## 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** 

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

04-23-1999 90245 026 \*\*\*150.00

## DOCUMENT # P9800004628 1. Corporation Name

S.L.F. SALES LINKED FINANCE INC.

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Principal Place	Place of Business Mailing Address		I (ABITSAL ite teint immit mutt meitt						
2655 LE JEUNE RD. SUITE 537 2655 LE JEUNE RD. SUITE 537									
CORAL GABLES FL 33134 CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE							
				3. Date Incorporated or Qualifed					
					01/15/1998	_			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For	
	STIRLING RD	26 SAME			65-0804665	- 1		Applicable	
Suite, Apt.		Suite, Apt. #, etc.			<u> </u>	\${	3.75 A	ditional	
	403D	27			5. Certificate of Status Desired		Fee Req	uired	
City & State		City & State			6. Election Campaign Financing	□ \$	5.00 N	May Be	
23 FT. L	AUDERDALE TL.	28			Trust Fund Contribution		Added to	Fees	
Zip 24 333	Country	Zíp	Country		8. This corporation owes the cur	rrent year Intangib רם	le 'es l	<b>K</b> No	
24 -333		29 30	<u> </u>		Personal Property Tax.  10. Name and Address of New			3,10	
·	9. Name and Address of Current	Registered Agent	81	Name A	1 7	Registered Ager	·•		
AGDA	AMUNT LUIS'			<u>C</u> ,	AZIOS A. WETER				
AGRAMUNT, LUIS` 80 SW 8TH ST, SUITE 2077		82		ress (P.O. Box Number is Not Accep	table)				
MIAMI FL 33130			2649	99 STIRLING RD					
MIMINI FL 33 130		[63]	Sui79	0402D					
			84	City $\mathcal{L}_{7}$ .	LAUBERDALE	FL 85	Zip C دخی	ode 3/2	
44. Developed the second secon									
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 except the appointment as registered agent. I am familiar with, and except the appointment as registered agent. I am familiar with, and except the appointment as registered agent. I am familiar with, and except the appointment as registered agent. I am familiar with, and except the appointment as registered agent. I am familiar with, and except the appointment as registered agent. I am familiar with, and except the appointment as registered agent. I am familiar with, and except the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent.									
SIGNATURE	V V Q Q V V X Y	CARROY Andre	$\sim$	185T2 W		April 1	1/	99	
	Signature, typed or printed name of registered agents			signature requir	ed when reinstating)  ADDITIONS/CHANGES TO O	FEICERS AND DI	RECTOR	25 IN 12	
12.	OFFICERS AND	DIRECTORS	13.	E			Change	Addition	
TITLE	D CANCHEZ HIAN DARI O		12 NAME	0.	HING A. CUETEL	_	•		
NAME	SANCHEZ, JUAN-PABLO 2655 LE JEUNE RD, SUITE 537		1.2 NOWL	ADDRESS Z	699 STILLING RD SUI	JE C 403	Ð		
STREET ADDRESS	•		1.4 CITY-ST	710	TLAUDERDALE, FL.	33312			
CITY-ST-ZIP	D CORAL GABLES FL 33134	₩ DELETE	2.1 TITLE	b	7. Z. A.U II C. CANOL )		Change	Addition	
		<b>X</b>	2.2 NAME	1.7	vis A. SOCARZAS.		•	<b>'</b> [	
NAME	URIBE, DIEGO *2655:LE:JEUNE RD, SUITE 537	1. 25 m = 1. 12 (4)	2.3 STREET	ADDRESS 2	699 STILLING LOS	SUITE C403	ኔ	-	
STREET ADDRESS	CORAL GABLES FL 33134		2.4 CITY-ST	7.7IP	T. LAUDERDALE, FL.	32312		ļ	
CITY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITLE	<u> </u>	1. (104)1501150		Change	Addition	
NAME	CUETER, ORLANDO			30	DAN PABLE SANCHEZ	_	-		
STREET ADDRESS	2655 LE JEUNE RD, SUITE 537		3.3 STREFT	ADDRESS 2	DAN PABLO SANCHEZ 699 STIRLING ZD. SUI	re C403D		1	
CITY-ST-ZIP	CORAL GABLES FL 33134	,	3.4. CITY-ST	r-ZIP	L. LAUDERDALE, P	L. 333/2	_		
TITLE	COUNT OFFICE OF THE COUNTY	☐ DELETE	4.1 TITLE	<i>y</i>	•	<b>(2</b> 0)	Change	Addition	
NAME	,	<del></del>	4.2 NAME	O R	LLANDO CUETEIL	0 :	<b>.</b>		
STREET ADDRESS			4.3 STREET	ADDRESS 2	LLANDO CUETER 699 STIRLING RD. SL	rife cyos.	Ø		
CITY-ST-ZIP			4.4 CITY-ST	·zip 🛂	CAUDERDALE, FL-	33322			
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	•		5.2 NAME	İ					
STREET ADDRESS	•		5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS	A		6.3 STREET	ADDRESS		•		}	
]			6 A OITY ST					j	

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 of suppliemental 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 of 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, by on an attachment with an address, with all other like empowered.

SIGNATURE: