

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000004628

1. Corporation Name

S.L.F. SALES LINKED FINANCE INC.

Principal Place of Business
2655 LE JEUNE RD. SUITE 537
CORAL GABLES FL 33134

Mailing Address
2655 LE JEUNE RD. SUITE 537
CORAL GABLES FL 33134

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

04-23-1999 90245 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

4. FEI Number

65-0804665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

AGRAMUNT, LUIS
80 SW 8TH ST, SUITE 2077
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name CARLOS A. CUETER
82 Street Address (P.O. Box Number is Not Acceptable)
2699 STIRLING RD
83 SUITE C403D
84 City FT. LAUDERDALE FL 85 Zip Code 33312

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)

Apr 19 / 99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SANCHEZ, JUAN-PABLO	2655 LE JEUNE RD, SUITE 537	CORAL GABLES FL 33134	<input type="checkbox"/>
D	URIBE, DIEGO	2655 LE JEUNE RD, SUITE 537	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>
D	CUETER, ORLANDO	2655 LE JEUNE RD, SUITE 537	CORAL GABLES FL 33134	<input type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	CARLOS A. CUETER	2699 STIRLING RD SUITE C403D	FT. LAUDERDALE, FL 33312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LUIS A. SOCARRAS	2699 STIRLING RD SUITE C403D	FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JUAN PABLO SANCHEZ	2699 STIRLING RD. SUITE C403D	FL. LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ORLANDO CUETER	2699 STIRLING RD. SUITE C403D	FL. LAUDERDALE, FL. 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

4/19/99

954-963-9708

CR2E034 (11/98)