

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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90022 001 ***550.00

07-09-1999 90022 002 *****8.75

DOCUMENT # P98000005498 ✓
Corporation Name
C & D INTERNATIONAL SYSTEMS, INC.
273 NE 2nd STREET, SUITE 300
MIAMI, FLORIDA 33132

Principal Place of Business
273 NE 2nd STREET, STE 300
MIAMI, FL 33132
Mailing Address
2300 SW 23 STREET
MIAMI FL 33145, Suite 201
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01-20-98

4. FEI Number
65-0806541
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

Principal Place of Business
273 NE 2nd STREET, SUITE 300
Suite, Apt. #, etc.
300
City & State
MIAMI, FLORIDA
Zip
33132
Country
25

2a. Mailing Address
2300 CORAL WAY
Suite, Apt. #, etc.
201
City & State
MIAMI, FLORIDA
Zip
33143
Country
30

9. Name and Address of Current Registered Agent
AmeriLawyer
343 Almeria Avenue
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

81 Name
Dade Corporate Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 Coral Way - Suite 103

83

84 City
MIAMI, FL
85 Zip Code
33145

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 Steven Williams President DADE CORPORATE SERVICES, INC.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 6/24/99

12. OFFICERS AND DIRECTORS

1.1 TITLE
President
1.2 NAME
Marcelo Lederman
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
Vice-President
2.2 NAME
Germano Lederman
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
Secretary
3.2 NAME
Marcelo Lederman
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
Treasurer
4.2 NAME
Marcelo Lederman
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-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 attachment with an address, with all other like empowered.

SIGNATURE: Marcelo Lederman Marcelo Lederman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #