

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90053 013 ***150.00

DOCUMENT # P98000009440

1. Corporation Name

ZONA ALTA MIAMI, INC.

Principal Place of Business

8014 NW 66 STREET
MIAMI FL 33166

Mailing Address

8014 NW 66 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

65-0808031

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

2. Principal Place of Business

21 8730 SW - 133 AVE.

2a. Mailing Address

26 8730 SW - 133 AVE.

Suite, Apt. #, etc.

22 # 317

Suite, Apt. #, etc.

27 # 317

City & State

23 MIAMI - FLORIDA

City & State

28 MIAMI - FL -

Zip

24 33183

Country

25 USA

Zip

29 33183

Country

30 USA

9. Name and Address of Current Registered Agent

CAMPOS, ULISES M
8014 NW 66 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name ALBERTO D. VRILLAUD

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

8730 SW - 133 AVE # 317

83 MIAMI

84 City

FL

85 Zip Code

33183

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME VRILLAUD, ALBERTO D
STREET ADDRESS 8014 NW 66 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE V
NAME VRILLAUD, PATRICIA M
STREET ADDRESS 8014 NW 66 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE STD
NAME TALAVERA, ULISES
STREET ADDRESS 8010 N.W. 66 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8730 SW - 133 AVE # 317
1.4 CITY-ST-ZIP MIAMI - FL - 33183

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8730 SW - 133 AVE # 317
2.4 CITY-ST-ZIP MIAMI - FL - 33183

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8730 SW - 133 AVE - # 317
3.4 CITY-ST-ZIP MIAMI - FL - 33183

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 (305) 599-2799
Date Daytime Phone #

CR2E034 (11/98)