

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

DOCUMENT # P98000012644

1. Corporation Name
FOLLI, INC.

Principal Place of Business

600 BRICKELL AVENUE
SUITE 603
MIAMI FL 33131

Mailing Address

600 BRICKELL AVENUE
SUITE 603
MIAMI FL 33131

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90182 009 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

62-0859006

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 96 VIDAL M. VELIS

Suite, Apt. #, etc. # 82
22 2600 SW 3 AVE (CORALWAY) # 82

City & State
23 MIAMI FLORIDA

Zip Country USA
24 33129 25 DADE

2a. Mailing Address

26 96 VIDAL M. VELIS

Suite, Apt. #, etc. # 800 B
27 2600 (CORALWAY) SW 3 AVE # 800 B

City & State
28 MIAMI FLORIDA

Zip Country USA
29 33129 30

9. Name and Address of Current Registered Agent

VELIS, VIDAL M
600 BRICKELL AVENUE
SUITE 600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name VIDAL MARINO VELIS
82 Street Address (P.O. Box Number is Not Acceptable)
96 JORGE R. ORTA, PA
83 2600 SW 3 AVE. (CORALWAY) Suite 800-B
84 City MIAMI FL 85 Zip Code 33129

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

Vidal M. Velis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME URBIETA, FLORIAN
STREET ADDRESS 980 S.W. 44TH AVENUE
CITY-ST-ZIP MIAMI FL 33134 ☐ DELETE

TITLE VTD
NAME URBIETA, LILLIAN
STREET ADDRESS 980 S.W. 44TH AVENUE
CITY-ST-ZIP MIAMI FL 33134 ☐ 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

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
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(305) 567-2865

Daytime Phone #

CR2E034 (1/98)