

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90072 024 ***150.00

0256078

DOCUMENT # P98000013358

1. Corporation Name
NARANJA CORPORATION

Principal Place of Business
14700 S.W. 176TH ST
MIAMI FL 33187

Mailing Address
13727 S.W. 152ND STREET
#102
MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1998

2. Principal Place of Business

21 8500 S.W. 8 ST

2a. Mailing Address

26 8500 S.W. 8 ST

4. FEI Number

65-0818843

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 228

Suite, Apt. #, etc.

27 # 228

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 MIAMI FL

City & State

28 MIAMI FL

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33144

Country

Zip

29 33144

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MACHADO, JOSE L ESQ.
10691 NORTH KENDALL DRIVE
SUITE 310
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

MACHADO, JOSE L. ESQ.

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

8500 SW 8 ST

83

238

84 City

MIAMI

FL

85 Zip Code

33144

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 PD
NAME HERRAN, AGUSTIN
STREET ADDRESS 12700 S.W. 176TH ST
CITY-ST-ZIP MIAMI FL 33187

☐ DELETE

TITLE VD
NAME CORREA, JORGE
STREET ADDRESS 14700 S.W. 176TH ST
CITY-ST-ZIP MIAMI FL 33187

☐ 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 PD
1.2 NAME Herran, Agustin
1.3 STREET ADDRESS 8500 S.W. 8ST, #228
1.4 CITY-ST-ZIP MIAMI, FL 33144

☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Correa, Jorge
2.3 STREET ADDRESS 8500 SW 8 ST, #228
2.4 CITY-ST-ZIP MIAMI, FL 33144

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

2/1/99 305-262-2070
Date Daytime Phone #

CR2E034 (11/98)