PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014707

1. Corporation Name

CALESA FUROPE CORP.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90104 042 ***150.00

OALLOA	EONOI E GOIII .									
Principal Place	of Business	Mai	ling Address				-	Itali dian tanu t	(8114 188) FRE-	
12159 SW 132	9 SW 132 COURT									
MIAMI FL 33186 MIAMI FL 33186							·			
							DO NOT WRITE IN THIS	SPACE	 -	
							3. Date Incorporated or Qualifed 02/13/1998			
Principal Pl 21	ace of Business	2a. 26	2a. Mailing Address				4. FEI Number 0814808	1 to 1	olied For Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			*****	5. Certifcate of Status Desired	ired		
22	9	27	City & State		_		6. Election Campaign Financing	\$5.00	May Pa	
		~	Oity a Otale		-		Trust-Fund-Gontribution	Added t		
23	Country	28	Zip Country				8. This corporation owes the current year in			
Zip	Country	⊢¬	, ' — ·				Personal Property Tax.	Yes	No	
24	25	29		1301			10. Name and Address of New Registered		/	
	9. Name and Address of Curr	ent Regist	erea Agent		81	Name	10. Hame and Address of them tredistried	* -Acit		
OI ID	ACUA MICENTE				"	1181110				
BURAGLIA, VICENTE 12159 SW 132 COURT					82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
	AI FL 33186									
1110 0				ļ	83					
					84	City	FL	85 Zip 0	Code	
SIGNATURE	m familiar with, and accept the obli	•				nt signatura required	when reinstating) DATE			
12.	OFFICERS A	AND DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
TITLE	PS		☐ OELETE	1.1 TIT	ſLΕ		· ·	☐ Change	☐ Addition {	
NAME	SILVA DE TRUJILLO, MARIA	P		1.2 NA	ME		•		ļ	
STREET ADDRESS DIAGONAL 86A #30-20, SANTE FE DE BOGOTA			BOGOTA	1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	D.C. COLOMBIA			1.4 CI	TY-S	T-ZIP				
TITLE	VT		☐ DELETE		2.1 ΠπLE		1.	Change	☐ Addition	
NAME	TRUJILLO RUEDA, MIGUEL A		2.2 NAME			` •				
STREET ADDRESS	DIAGONAL 86A #30-20, SAN		E BOGOTA	2.3 ST	REET	T ADDRESS			,	
CITY-ST-ZIP	D.C. COLOMBIA	_		2. 4 CI	ITY-S	ST-ZIP				
TITLE			☐ DELETE	3.1 TII	TLE			Change	☐ Addition)	
NAME				3.2 NA	ME				İ	
STREET ADDRESS				3.3 ST	REET	T ADDRESS				
CITY-ST-ZIP				3.4. CI	<u> </u>	ST-ZIP				
TITLE			☐ DELETE	4.1 TIT	TLE			☐ Change	☐ Addition	
NAME				4.2 N	A₩E				ļ	
STREET ADDRESS	,			4.3 ST	REE	TADORESS				
CITY-ST-ZIP				4.4 CF	TY-S	T-ZIP			·	
TITLE			☐ DELETE	5.1 Tfl	ΠE			☐ Change	☐ Addition	
NAME				5.2 NA	ME	-				
STREET ADDRESS				5.3 ST	REE	T ADDRESS			•	
CITY-ST-ZIP	_			5.4 CF	TY-S	T-ZIP				
TITLE										
ļ			☐ DELETE	6.1 717	TLE			☐ Change	☐ Addition	
NAME '			☐ DELETE	6.1 TT 6.2 NA				☐ Change	☐ Addition	
			☐ DELETE	6.2 NA	ME	T ADDRESS	-	☐ 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: