

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90192 032 ***150.00

DOCUMENT # P98000016821

1. Corporation Name

OSWALDO ARRATIA & ASSOCIATES, INC.

Principal Place of Business

8344 NW 66 ST.
MIAMI FL 33166

Mailing Address

8344 NW 66 ST.
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1998

4. FEI Number

65-0823884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 8232 NW 68 St.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL.

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 8232 NW 68 St.

Suite, Apt. #, etc.

27 City & State

28 MIAMI - FL.

Zip

29 33166

Country

30 DADE

9. Name and Address of Current Registered Agent

ARRATIA, OSWALDO JR
8344 NW 66 ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

ARRATIA, OSWALDO Jr.

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

8232 NW 68 St.

83

84 City MIAMI

FL

85 Zip Code 33166

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 ☐ DELETE

TITLE P
NAME ARRATIA, OSWALDO JR
STREET ADDRESS 8344 NW 66 ST
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE Vice-President
1.2 NAME ARRATIA, OSWALDO Sr.
1.3 STREET ADDRESS 8232 NW 68 St.
1.4 CITY-ST-ZIP Miami, Fl. 33166

2.1 TITLE Vice-President
2.2 NAME ARRATIA MARIA
2.3 STREET ADDRESS 8232 NW 68 St.
2.4 CITY-ST-ZIP Miami, Fl. 33166

3.1 TITLE Secretary
3.2 NAME ARRATIA, MANUEL
3.3 STREET ADDRESS 8232 NW 68 St.
3.4 CITY-ST-ZIP Miami, Fl. 33166

4.1 TITLE President & Treasurer
4.2 NAME ARRATIA, OSWALDO Jr.
4.3 STREET ADDRESS 8232 NW 68 St.
4.4 CITY-ST-ZIP Miami, Fl. 33166

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

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

Date

Daytime Phone #

CR2E034 (1/98)