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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000017272**1. Corporation Name

PELO II CORPORATION

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90064 032 ***150.00

Principal Place of Business Mailing Address 2722 N. ROOSEVELT BLVD. 2722 N. ROOSEVELT BLVD. KEY WEST FL 33043 KEY WEST FL 33043 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/20/1998 Applied For 2. Principal Place of Business 45-0394838 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CONSTANTE, SONIA 82 Street Address (P.O. Box Number is Not Acceptable) 1364 WASHINGTON AVE. MIAMI BCH FL 33139 83 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 registere 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 tered Agent signature required when reinstating) CR2E034 (1.1/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTOR 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME LINARES, ELENA 1364 WASHINGTON AVE. 1.3 STREET ADDRESS STREET ADORESS MIAMI BCH FL 33139 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TIBE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ___ DELETE ☐ Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, op on an attachment with an address, with all other like empowered.

SIGNATURE:

3/22/99 305-53/-8575 Date Osytime Phone #