

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020549

FLAMENCO PROMOTIONS, INC.

09-05-1999 50003 012 ***150.00

P98000020549 LEU
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 12 PM 2:11



Principal Place of Business
NORTH GREENWAY DRIVE
CORAL GABLES FL 33134

Mailing Address
647 NORTH GREENWAY DRIVE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1825 PONCE DE LEON BLVD
Suite, Apt. #, etc.
420
City & State
CORAL GABLES - FL
Zip
33134
Country
U.S.A.

2a. Mailing Address
1825 PONCE DE LEON BLVD
Suite, Apt. #, etc.
SUITE 420
City & State
CORAL GABLES FL
Zip
33134
Country
U.S.A.

3. Date Incorporated or Qualified
03/04/1998
4. FEI Number
65-0826966
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

MUNOZ, CLAUDIA
2151 LEJEUNE ROAD #300
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1506, 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 re-listing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
1.5 CITY-STATE-ZIP
1.6 CITY-STATE-ZIP
1.7 CITY-STATE-ZIP
1.8 CITY-STATE-ZIP
1.9 CITY-STATE-ZIP
1.10 CITY-STATE-ZIP
1.11 CITY-STATE-ZIP
1.12 CITY-STATE-ZIP
1.13 CITY-STATE-ZIP
1.14 CITY-STATE-ZIP
1.15 CITY-STATE-ZIP
1.16 CITY-STATE-ZIP
1.17 CITY-STATE-ZIP
1.18 CITY-STATE-ZIP
1.19 CITY-STATE-ZIP
1.20 CITY-STATE-ZIP
1.21 CITY-STATE-ZIP
1.22 CITY-STATE-ZIP
1.23 CITY-STATE-ZIP
1.24 CITY-STATE-ZIP
1.25 CITY-STATE-ZIP
1.26 CITY-STATE-ZIP
1.27 CITY-STATE-ZIP
1.28 CITY-STATE-ZIP
1.29 CITY-STATE-ZIP
1.30 CITY-STATE-ZIP
1.31 CITY-STATE-ZIP
1.32 CITY-STATE-ZIP
1.33 CITY-STATE-ZIP
1.34 CITY-STATE-ZIP
1.35 CITY-STATE-ZIP
1.36 CITY-STATE-ZIP
1.37 CITY-STATE-ZIP
1.38 CITY-STATE-ZIP
1.39 CITY-STATE-ZIP
1.40 CITY-STATE-ZIP
1.41 CITY-STATE-ZIP
1.42 CITY-STATE-ZIP
1.43 CITY-STATE-ZIP
1.44 CITY-STATE-ZIP
1.45 CITY-STATE-ZIP
1.46 CITY-STATE-ZIP
1.47 CITY-STATE-ZIP
1.48 CITY-STATE-ZIP
1.49 CITY-STATE-ZIP
1.50 CITY-STATE-ZIP
1.51 CITY-STATE-ZIP
1.52 CITY-STATE-ZIP
1.53 CITY-STATE-ZIP
1.54 CITY-STATE-ZIP
1.55 CITY-STATE-ZIP
1.56 CITY-STATE-ZIP
1.57 CITY-STATE-ZIP
1.58 CITY-STATE-ZIP
1.59 CITY-STATE-ZIP
1.60 CITY-STATE-ZIP
1.61 CITY-STATE-ZIP
1.62 CITY-STATE-ZIP
1.63 CITY-STATE-ZIP
1.64 CITY-STATE-ZIP
1.65 CITY-STATE-ZIP
1.66 CITY-STATE-ZIP
1.67 CITY-STATE-ZIP
1.68 CITY-STATE-ZIP
1.69 CITY-STATE-ZIP
1.70 CITY-STATE-ZIP
1.71 CITY-STATE-ZIP
1.72 CITY-STATE-ZIP
1.73 CITY-STATE-ZIP
1.74 CITY-STATE-ZIP
1.75 CITY-STATE-ZIP
1.76 CITY-STATE-ZIP
1.77 CITY-STATE-ZIP
1.78 CITY-STATE-ZIP
1.79 CITY-STATE-ZIP
1.80 CITY-STATE-ZIP
1.81 CITY-STATE-ZIP
1.82 CITY-STATE-ZIP
1.83 CITY-STATE-ZIP
1.84 CITY-STATE-ZIP
1.85 CITY-STATE-ZIP
1.86 CITY-STATE-ZIP
1.87 CITY-STATE-ZIP
1.88 CITY-STATE-ZIP
1.89 CITY-STATE-ZIP
1.90 CITY-STATE-ZIP
1.91 CITY-STATE-ZIP
1.92 CITY-STATE-ZIP
1.93 CITY-STATE-ZIP
1.94 CITY-STATE-ZIP
1.95 CITY-STATE-ZIP
1.96 CITY-STATE-ZIP
1.97 CITY-STATE-ZIP
1.98 CITY-STATE-ZIP
1.99 CITY-STATE-ZIP
2.00 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
2.5 CITY-STATE-ZIP
2.6 CITY-STATE-ZIP
2.7 CITY-STATE-ZIP
2.8 CITY-STATE-ZIP
2.9 CITY-STATE-ZIP
2.10 CITY-STATE-ZIP
2.11 CITY-STATE-ZIP
2.12 CITY-STATE-ZIP
2.13 CITY-STATE-ZIP
2.14 CITY-STATE-ZIP
2.15 CITY-STATE-ZIP
2.16 CITY-STATE-ZIP
2.17 CITY-STATE-ZIP
2.18 CITY-STATE-ZIP
2.19 CITY-STATE-ZIP
2.20 CITY-STATE-ZIP
2.21 CITY-STATE-ZIP
2.22 CITY-STATE-ZIP
2.23 CITY-STATE-ZIP
2.24 CITY-STATE-ZIP
2.25 CITY-STATE-ZIP
2.26 CITY-STATE-ZIP
2.27 CITY-STATE-ZIP
2.28 CITY-STATE-ZIP
2.29 CITY-STATE-ZIP
2.30 CITY-STATE-ZIP
2.31 CITY-STATE-ZIP
2.32 CITY-STATE-ZIP
2.33 CITY-STATE-ZIP
2.34 CITY-STATE-ZIP
2.35 CITY-STATE-ZIP
2.36 CITY-STATE-ZIP
2.37 CITY-STATE-ZIP
2.38 CITY-STATE-ZIP
2.39 CITY-STATE-ZIP
2.40 CITY-STATE-ZIP
2.41 CITY-STATE-ZIP
2.42 CITY-STATE-ZIP
2.43 CITY-STATE-ZIP
2.44 CITY-STATE-ZIP
2.45 CITY-STATE-ZIP
2.46 CITY-STATE-ZIP
2.47 CITY-STATE-ZIP
2.48 CITY-STATE-ZIP
2.49 CITY-STATE-ZIP
2.50 CITY-STATE-ZIP
2.51 CITY-STATE-ZIP
2.52 CITY-STATE-ZIP
2.53 CITY-STATE-ZIP
2.54 CITY-STATE-ZIP
2.55 CITY-STATE-ZIP
2.56 CITY-STATE-ZIP
2.57 CITY-STATE-ZIP
2.58 CITY-STATE-ZIP
2.59 CITY-STATE-ZIP
2.60 CITY-STATE-ZIP
2.61 CITY-STATE-ZIP
2.62 CITY-STATE-ZIP
2.63 CITY-STATE-ZIP
2.64 CITY-STATE-ZIP
2.65 CITY-STATE-ZIP
2.66 CITY-STATE-ZIP
2.67 CITY-STATE-ZIP
2.68 CITY-STATE-ZIP
2.69 CITY-STATE-ZIP
2.70 CITY-STATE-ZIP
2.71 CITY-STATE-ZIP
2.72 CITY-STATE-ZIP
2.73 CITY-STATE-ZIP
2.74 CITY-STATE-ZIP
2.75 CITY-STATE-ZIP
2.76 CITY-STATE-ZIP
2.77 CITY-STATE-ZIP
2.78 CITY-STATE-ZIP
2.79 CITY-STATE-ZIP
2.80 CITY-STATE-ZIP
2.81 CITY-STATE-ZIP
2.82 CITY-STATE-ZIP
2.83 CITY-STATE-ZIP
2.84 CITY-STATE-ZIP
2.85 CITY-STATE-ZIP
2.86 CITY-STATE-ZIP
2.87 CITY-STATE-ZIP
2.88 CITY-STATE-ZIP
2.89 CITY-STATE-ZIP
2.90 CITY-STATE-ZIP
2.91 CITY-STATE-ZIP
2.92 CITY-STATE-ZIP
2.93 CITY-STATE-ZIP
2.94 CITY-STATE-ZIP
2.95 CITY-STATE-ZIP
2.96 CITY-STATE-ZIP
2.97 CITY-STATE-ZIP
2.98 CITY-STATE-ZIP
2.99 CITY-STATE-ZIP
3.00 CITY-STATE-ZIP

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 dictated 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, on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR20304 (5/99)

300003018733-7
-10/19/99-01073--025
***40876 ***40876

10/10/18

FLAMENCO PROMOTIONS INC.

1825 Ponce de Leon Boulevard suite 420

Coral Gables Fl 33134

Phone/Fax 305 529-0361

October 6,1999

**Katherine Harris
FLORIDA DEPARMENT OF STATE**

**Subject: Flamenco Promotions Inc.
Ref. Number: P98000020549 US**

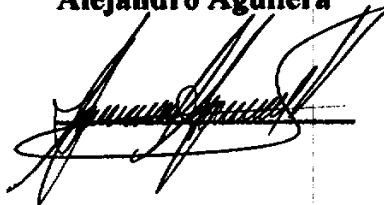
I am sorry for the mistake; I did not receive the first notice because we moved at the actual address.

I am sending to you a check for \$408.75 of the late fee plus the certificate of status.

I'd like to delete to Patricia Mares and addition to Maria Valero 344 Mendoza Av. Apt: 4 Coral Gables Florida 33134.

Thanks you:

Alejandro Aguilera

A handwritten signature in black ink, appearing to read 'Alejandro Aguilera', with a horizontal line drawn through the middle of the signature.