


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90057 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000023304**

1. Corporation Name

1439 CORPORATION

Principal Place of Business

**140 SO. HIBISCUS DRIVE
MIAMI BEACH FL 33139**

Mailing Address

**140 SO. HIBISCUS DRIVE
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$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

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**ARANGO, RAFAEL D
140 SO. HIBISCUS DRIVE
MIAMI BEACH FL 33139**

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

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 ☐ DELETE
PD
 NAME **ARANGO, RAFAEL D**
 STREET ADDRESS **140 SO. HIBISCUS DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
D
 NAME **ARANGO, RICARDO J**
 STREET ADDRESS **140 SO. HIBISCUS DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
D
 NAME **ARANGO, RAFAEL**
 STREET ADDRESS **140 SO. HIBISCUS DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
D
 NAME **ARANGO, ROBERTO A**
 STREET ADDRESS **140 SO. HIBISCUS DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
 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:

Rafael D. Arango
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rafael D. Arango

3/11/99 **(605) 445-3533**
 Date Daytime Phone #

CR2E034 (11/98)