

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

03-04-1999 90003 011 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000024274**

1. Corporation Name

**R. CELIS CAPITAL, INC.**

Principal Place of Business

**2550 NW 72 AVE**  
**STE 115**  
**MIAMI FL 33122**

Mailing Address

**2550 NW 72 AVE**  
**STE 115**  
**MIAMI FL 33122**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/16/1998**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

City &amp; State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

City &amp; State

**28** Zip Country

4. FEI Number

**650 82 0204**

Applied For

Not Applicable

5. 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

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**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

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	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>CELIS, ROSELIANO R</b>	
STREET ADDRESS	<b>2550 NW 72 AVE, STE 115</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PSTD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CELIS, ROSELIANO R</b>	
1.3 STREET ADDRESS	<b>2550 NW 72 AVE, STE 115</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

Date

305-418-4727

Daytime Phone #

CR2E034 (1/98)