

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90009 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P 98 0000 43159 ✓
1. Corporation Name
PROMEXPO CORPORATION OF FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12651 SW 20 St.
MIRAMAR, FL. 33027
Mailing Address
12651 SW 20 St.
MIRAMAR, FL 33027

3. Date Incorporated or Qualified

5/13/1998

4. FEI Number

65-0835871

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D/S/T
PATRICIO PONCE
12651 SW 20 St.
MIRAMAR FL 33027

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIO PONCE

Date

Daytime Phone #

6/28/99

CR2E034 (11/98)

587984 90007-12
Pg 80000413159



ENGLISH - GERMAN - DEUTSCH - ENGLISH

DUAL LEGAL SERVICE/RECHTSHILFE

P.O. Box 392 - Grant, Florida, 32949-0392

Phone: (407)727-7268/676-0789-FAX: (407)676-0789-e-mail: dual_legal@yahoo.com



Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

June 29, 1999

Re: Report for 1999

Dear Madam or Sir!

I received the blank form for the annual filings on Friday, June 25, 1999.

This is the first time that I have to file a CORPORATION ANNUAL REPORT.
I was told, that I'll get the form in time to file.

When I didn't get anything I contacted your department via e-mail.
Please read the attached correspondence.

I regret that my report wasn't there in time.
But without the proper form and instruction I wasn't able to do so.

In consideration of my efforts to receive the required documentations that enables me to file the report, I ask you to
waive the late fee.

Sincerely,


Anita Szczecinna