

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90030 029 ***150.00

DOCUMENT # P98000044303

1. Corporation Name
PRI-2 CORPORATION

Principal Place of Business
15165 N.W. 77 AVENUE, SUITE 1002
MIAMI FL 33014

Mailing Address
15165 N.W. 77 AVENUE, SUITE 1002
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1998

2. Principal Place of Business
21 8500 S.W. 8 Street
Suite, Apt. #, etc.
22 Ste 228

2a. Mailing Address
26 8500 S.W. 8 Street
Suite, Apt. #, etc.
27 228

4. FEI Number
65-0842112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 Miami, Florida
Zip Country
24 33144 25 Date U.S.

City & State
28 Miami, Florida
Zip Country
29 33144 30 U.S.

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

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE, SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name Jose L. Machado
82 Street Address (P.O. Box Number is Not Acceptable)
8500 S.W. 8 Street
83 Suite 228
84 City Miami FL 85 Zip Code 33144

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/4/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PANDO, DOMINGO	
STREET ADDRESS	15165 N.W. 77 AVENUE, SUITE 1002	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASCO, RAMON E	
STREET ADDRESS	C/O 5200 BLUE LAGOON DR., SUITE 700	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ITURREY, JOSE	
STREET ADDRESS	420 SOUTH DIXIE HIGHWAY, #4B	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	D, A P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Agustin Herran	
1.3 STREET ADDRESS	8500 S.W. 8 Street, Ste 228	
1.4 CITY-ST-ZIP	Miami, FL 33144	
2.1 TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Armando Guerra	
2.3 STREET ADDRESS	9745 Journeys' End Road	
2.4 CITY-ST-ZIP	Coral Gables, FL 33154	
3.1 TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jesus Robles	
3.3 STREET ADDRESS	8500 S.W. 8 Street, Ste 228	
3.4 CITY-ST-ZIP	Miami, FL 33144	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Agustin Herran 4/5/99 (305) 242-6533

CR2F034 (11/98)