

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

03-11-1999 90035 026 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

P98000052264

MIARENT CORPORATION

Principal Place of Business

2330 NW 102 Av. #1  
Miami, Fl 33172

Mailing Address

2330 NW 102 Av #1  
Miami, Fl 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1998

4. FEI Number

☒ 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**

Francisco Lara,

**10. Name and Address of New Registered Agent**

81 Name

June L. Mc'Veigh

82 Street Address (P.O. Box Number is Not Acceptable)

8066 Sw 80 Av

83

84 City

Miami

FL

85 Zip Code

33143

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

*June L. Mc'Veigh*

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE

NAME BELLO VICENTINI, GUILLERMO

STREET ADDRESS 8440 SW 83 St

CITY-ST-ZIP Miami, Fl 33143

TITLE ☐ DELETE

NAME BELLO BETANCOURT, GUILLERMO

STREET ADDRESS 8450 SW 83 St

CITY-ST-ZIP Miami, Fl 33143

TITLE ☐ DELETE

NAME BELLO VICENTINI, ALFREDO

STREET ADDRESS 6ta. Av. Qta Bellita, Altamira

CITY-ST-ZIP Caracas, Venezuela

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

sbm/ 20/99 (305) 5922041

Daytime Phone #

CR2E034 (11/98)