

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90132 042 ***150.00

DOCUMENT # P98000052930

1. Corporation Name

EDRA CORPORATION

Principal Place of Business

2699 S BAYSHORE DRIVE SUITE 3000
COCONUT GROVE FL 33133

Mailing Address

2699 S BAYSHORE DRIVE SUITE 3000
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

45-0853416

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

2. Principal Place of Business

21 3836 SW 137 AVE

Suite, Apt. #, etc.

22

City & State
MIAMI, FLA

Zip

Country

24 33175

25

USA

2a. Mailing Address

26 3836 SW 137 AVE

Suite, Apt. #, etc.

27

City & State
MIAMI, FLA

Zip

Country

29 33175

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHRMAN, JEFFREY E ESQ
2699 S BAYSHORE DRIVE SUITE 3000
MIAMI FL 33133

81 Name

EDUARDO PRUNA

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

11815 SW 3 ST

83

84 City

MIAMI FL 33184 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 607.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME LEHRMAN, JEFFREY E
STREET ADDRESS 2699 S BAYSHORE DRIVE SUITE 3000
CITY-ST-ZIP MIAMI FL 33133

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/TREASURER
1.2 NAME JORGE L. VERA
1.3 STREET ADDRESS 4551 SW 135 AVE
1.4 CITY-ST-ZIP MIAMI FL 33175

Change

☒ Addition

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

☐ Change

☒ Addition

3.1 TITLE VICE PRES / SECRETARY
3.2 NAME EDUARDO PRUNA
3.3 STREET ADDRESS 11815 SW 3 ST
3.4 CITY-ST-ZIP MIAMI FL 33184

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge L Vera Pres

1/15/99

305 947 0606

CR2E034 (11/98)