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PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # POROMOSSORO

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Aug 09, 1999 8:00 am Secretary of State 08-09-1999 90007 037 ***550.00

| LOS DOS INVESTMENT CORPORA | ATION · | | | | . A. (. 7 |
|---|---|--|--|---|---|
| Principal Place of Business | Mailing Address | | , | | #11 E.B. 1 CO E. 184 B.1 1844 1841 1881 |
| 17970 SW 135 AVE 17970 SW 135 AVE MIAMI FL 33177 MIAMI FL 33177 | | | | DO NOT WRITE IN THIS SPACE | |
| · | | | | 3. Date Incorporated or Qualifed 06/17/1998 | |
| 2. Principal Place of Business 21 10340 SW 187 M ST | 2a. Mailing Address 26 SAME | | | 4. FEI Number 65-0843648 | Applied For Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 27 ——City & State ——————————————————————————————————— | | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & State MIAMI, FL | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| zip Country 24 33157 [25] USA | Zip Cc | untry | SA | This corporation owes the current year In Personal Property Tax. | tangible ☐ Yes ⊠ No |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| ROLDAN, CELESTINO 17970 SW 135 AVE | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33177 | 83 | | | | |
| | | 84 | City | FL | 85 Zip Code |

| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------|------------------------|--------------------|---|
| TITLE | D · DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROLDAN, CELESTINO | 1.2 NAME | |
| STREET ADDRESS | 17970 SW 135 AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33177 | 1.4 CITY-ST-ZIP | |
| TITLE | D □ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PEREZ, JOHN F | 2.2 NAME | |
| STREET ADDRESS | 18163 SW 93 AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33157 | 2.4 CITY-ST-ZIP | |
| TITLE | DELETE | 3.1 TITLE | . Change Addition |
| NAME | | 3.2 NAME | - 17" |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | |
| TITLE | ☐ D€LETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4. 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | • | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |

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 attackment with an address, with all other like empowered.

Daytime Phone #

Date