

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

DOCUMENT # P98000054816

1. Corporation Name
TUPESA INTERNATIONAL INC.

Principal Place of Business
C/O LUIS AGRAMUNT
80 SW 8TH STREET SUITE 2077
MIAMI FL 33130

Mailing Address
C/O LUIS AGRAMUNT
80 SW 8TH STREET SUITE 2077
MIAMI FL 33130

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90168 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1998

4. FEI Number

65-0844085

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 1221 Brickell Ave.

2a. Mailing Address

26 1221 Brickell Ave.

Suite, Apt. #, etc.

22 Suite # 1100

Suite, Apt. #, etc.

27 Suite # 1100

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
80 SW 8TH STREET SUITE 2077
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Luis Agramunt

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

1221 Brickell Ave.

83

Suite # 1100

84 City

Miami

85

Zip Code

33131

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

6-28-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME TUBERT, RAMON T
STREET ADDRESS 80 SW 8TH STREET SUITE 2077
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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

D.
1.2 NAME Ramon T. Tubert
1.3 STREET ADDRESS 1221 Brickell Ave., #1100
1.4 CITY-ST-ZIP Miami, FL 33131

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-28-99

305-373-5802

CR2E034 (11/98)