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 # P98000061032

1. Corporation Name

EXORNO CORP.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90143 046 ***150.00



·					
Principal Place of Business Mailing Address					
9938 NORTHWEST 41ST STREET 9938 NORTHWEST 41ST STRE MIAMI FL 33178 MIAMI FL 33178			ΕT		
MIAMI FL 33176 MIAMI FL 33176					DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed
1					07/10/1998
2. Principal P	lace of Business	2a. Mailing Address		۸	4. FEI Number A Applied For
21 992	6 NM52nd Tr.	26 9926 NW	5h	d Tr	C. 65-0879183 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		_	5 Contiferate of Status Desired
22		27			Fee Required
City & Stat	le /	City & State			6. Election Campaign Financing \$5.00 May Be
23 MIA	111 +1	28 MIA MI	<u>+1</u>		Trust Fund Contribution Added to Fees
Zip	28 Country	Zip 20138	Country	y	8. This corporation owes the current year Intangible
24 33/	74 25	29 33178 30	1		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
AMERILAWYER					Koserlo E. MArlinet
343 ALMERIA AVENUE				Street A	Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				77-	26 NW32/r.
	CE CAULED I E COICE		83	'	
}			84	City	414 Mi FL 85 Zip Code 8
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the abov		
office or	registered agent, or both, in the State	Florida, Such change was auth	orized by	the corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
	ım tamınar witn, and accept interdengati	ons of, section our body, Florida	- Paratole	F M	Artinez-Parcident 3/15/90
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	ent signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT /	☐ DELETE	1.1 TITLE		Change ☐ Addition
NAME	MARTINEZ, ROBERTO E		1.2 NAME	,	110 The Doct 50 of Tongs
STREET ADDRESS	ACCO MONTH SMECT 440T CINET	τ	1.3 STREE	T ADDRESS	9926 NOHN WEST SAM TOTALE
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-1	ST-ZIP	9926 North West 52rd Terrace Migni Fl 33178
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSA, DIEGO		2.2 NAME		
STREET ADDRESS	9938 NORTHWEST 41ST STREE	₹	2.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	·	The second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section
STREET ADDRESS	·		3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-	1	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-		,
TITLE	,	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME)		6.2 NAME	1	<u> </u>
	ł			TADDRESS	
STREET ADDRESS	1		6.4 CITY-		

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 of 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 exact from the corporation of the corpor

SIGNATURE:

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MATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

79 305-992-9036 Daytime Phone #

CR2E034 (11/9