

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000064464**

1. Corporation Name

ISTMO CORPORATION

Principal Place of Business

**625 SOUTH DIXIE HIGHWAY
UNITS 5 & 6
LAKE WORTH FL 33460**

Mailing Address

**625 SOUTH DIXIE HIGHWAY
UNITS 5 & 6
LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1998

4. FEI Number

65-0851875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

Suite, Apt. #, etc.

22
City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SEVILLA, JUAN J
625 SOUTH DIXIE HIGHWAY
UNITS 5 & 6
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name

RAUL REYES

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

4582 CARTHAGE N. CIRCLE

83

84 City

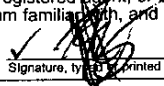
LAKE WORTH.

FL

85 Zip Code

33463

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  **Raul E. Reyes** President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01 27 99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **SEVILLA, JUAN J**
STREET ADDRESS **10439 SHOWBOAT LANE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☒ DELETE
NAME **SEVILLA, IDALIA**
STREET ADDRESS **10439 SHOWBOAT LANE**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☐ DELETE
NAME **REYES, RAUL**
STREET ADDRESS **4582 CARTHAGE N. CR**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ DELETE
NAME **REYES, NERY**
STREET ADDRESS **4582 CARTHAGE N. CR**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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 as an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 27 99 (561) 5852335

Date

Daytime Phone #

CR2E034 (1/98)