

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90109 002 ***150.00

DOCUMENT # P98000065955

1. Corporation Name

LAS PAMPAS INTERNATIONAL, CORP.

Principal Place of Business
2195 NE 163 ST
NORTH MIAMI BEACH FL 33162

Mailing Address
2195 NE 163 ST
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

65-0859343

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

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, JOSE
9061 BAY DRIVE
MIAMI BEACH FL 33154

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

COHEN, JOSE

STREET ADDRESS

9061 BAY DRIVE

CITY-ST-ZIP

MIAMI BEACH FL 33154

TITLE

D

☐ DELETE

NAME

COHEN, JENNY

STREET ADDRESS

9061 BAY DRIVE

CITY-ST-ZIP

MIAMI BEACH FL 33154

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE COHEN

1/16/98

Date

(307)

Daytime Phone #

CR2E034 (1/198)