## 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 # : P98000068109** 

1, Corporation Name

**FILED** May 24 1999 8:00 am Secretary of State

					1		
SIERRALTA COMMUNICATIONS, INC				1 18 21/2 201 21/2 20/2 23/10 20/2 2	ST BOUTH RESTT DIZEN DIXIN ZUTUK		
Principal Place of Business		Mailing Address			- T I MATERIAL CON TRACE CENT BOOK ON	M Bătis Adris Sieit Bieta Bries	1971) 1991 1995
4301 Gate Lane Bay Point 4301 Gate Lane			Bav F	oint			
Miami F1 33137 Miami F1 33137							
			`			E IN THIS SPACE	
			, ,,		3. Date Incorporated or Qualifed	* *	
Principal Place of Business			-	08-04-98 4. FEI Number	- I Lan	plied For	
□ (a) a 11:		L= <u>2</u> "	601 Collins Ave		65-0860758	<b>}</b>	t Applicable
<u> </u>			Suite, Apt. #, etc.			\$8.75 4	
22		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State	-		6. Election Campaign Financing	\$5.00	May Be
23 Miami Beach	F1	28 Miami Beacl	h Fl		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Intangible	
24 33139 25	Miami-Dade	29 33139	30 Miami	-Dade	Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent					10. Name and Address of New R	egistered Agent	
CARLOS A. LACASA				Name A	NNETTE CAROLINA CRIST	ANCHO	
I			82		dress (P.O. Box Number is Not Acceptal 413 - 20 STREET		
701 BR	CKELL AVE			- 1	413 - 20 STREET		
SUITE 1	800		83	11	NIT 606	• • • •	
		84	City		FL 85 Zip 0	ode	
MIAMI FL 33131				ľ	IIAMI BEACH		
11. Pursuant to the provision office or registered agent	s of Sections 607.0502 a . or both, in the State of F	nd 607.1508, Florida Statute: Florida, Such change was au	s, the above thorized by	named controls  -named controls	rporation submits this statement for the ption's board of directors. I hereby accept	purpose of changing its t the appointment as reg	registered   gistered
agent. I am tamiliar with	and accept the obligation	s of, Section 607.0505, Flori	da Statutes	,	, ,		.
SIGNATURE	<u></u> -		-			DATE	
12.	rinted name of registered agent en OFFICERS AND I		Registered Agen	t signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF		RS IN 12
me P/D		☐ DELETE	1.1 TITLE		ADDITIONAL PROPERTY OF THE CO.T.	X Change	Addition
1 7	SIERRALTA JR.		1.2 NAME			٠.	
STREET ADDRESS 4301 GATE LANE BAY POINT			1.3 STREET	ADDRESS	1413 - 20 STREET UN	LT 606	
CITY-ST-ZIP MIAMI FL 33137		1.4 CITY-ST		MIAMI BEACH FL 33139	,		
TITLE S/D		☐ DELETE	2.1 TITLE			Change	Addition
i   -	CAROLINA CRIS	TANCHO	22 NAME				
STREET ADDRESS 4301 GATE LANE BAY POINT			2.3 STREET	ADORESS	1413 - 20 STREET OY	ùt 606	
CITY-ST-ZIP MIAMI FI		The same and the same and	2.4 CITY-S	T-ZIP	MIAMI BEACH FL 33139	)	
TITLE D		<b>⊠</b> DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME ELIAS AI	BILAHOUD		3.2 NAME	]			1
STREET ADDRESS 7441 WAYNE AVE. # 14-G			3.3 STREET	ADDRESS			
CITY-ST-ZIP MIAMI BEACH, FL 33141			3.4. CITY-5	7-ZIP			
TITLE		☐ DELETE	4.1 TITLE	· [		☐ Change	☐ Addition
NAME	*		4.2 NAME			-	
STREET ADDRESS			4.3 STREET	-		• ; •	
CITY-ST-ZIP			4.4 CITY-ST	ZIP		Chân	Addistan
TITLE		☐ OELETE	5.1 TITLE	}		☐ Change	☐ Addition
NAME			5.2 NAME	4000500		• . •	3
STREET ADDRESS	•		5.3 STREET	"			
CITY-ST-ZIP	<del> </del>	☐ DELETE	5.4 CITY-ST 6.1 TITLE	-25		☐ Change	Addition
TITLE		C perete	6.2 NAME			ე ~~აზ	
NAME			6.3 STREET	ADDRESS			
STREET ADDRESS			6.4 CITY-ST				.
CITY-ST-ZIP			0.4 (4) 1-3				

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 of 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 of the corporation or an attachment with an address, with all other like empowered.

SIGNATURE:

ANNETTE C. CRISTANCHO NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-99 Date

305-673-2399