

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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90017 006 ***150.00

DOCUMENT # P98000069581
Corporation Name

MANAT CORPORATION

Principal Place of Business Mailing Address

2600 DOUGLAS ROAD
SUITE 400
CORAL GABLES, FLORIDA 33134

DO NOT WRITE IN THIS SPACE

| | | |
|--|---|---|
| Principal Place of Business 6800 SW 75th Avenue Suite, Apt. #, etc. Miami, Florida 33143 City & State Zip Country 25 | 2a. Mailing Address 26 6800 SW 75th Avenue Suite, Apt. #, etc. 27 City & State 28 Miami, Florida 33143 Zip Country 29 30 | 3. Date Incorporated or Qualified 8/10/98 4. FEJ Number 65-0929664 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|

9. Name and Address of Current Registered Agent

ARMANDO OLIVEROS, JR., ESQ.
2600 Douglas Road
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

| | |
|--|----------------------|
| 81 Name Gilda Valladares | 85 Zip Code 33143 |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6800 SW 75th Avenue | |
| 83 | |
| 84 City Coral Gables | FL |

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

6/1/99

OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| PD GILDA VALLADARES ST-ADDRESS 6800 SW 75th Avenue ST-ZIP Miami, Florida 33143 | <input type="checkbox"/> DELETE |
| ST-ADDRESS ST-ZIP | <input type="checkbox"/> DELETE |
| ST-ADDRESS ST-ZIP | <input type="checkbox"/> DELETE |
| ST-ADDRESS ST-ZIP | <input type="checkbox"/> DELETE |
| ST-ADDRESS ST-ZIP | <input type="checkbox"/> DELETE |
| ST-ADDRESS ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILDA VALLADARES President 6/1/99

Date

Daytime Phone #

CR2E034 (1/98)

JORDAN, PADIAL & COMPANY, P.A.
Certified Public Accountants

P98000069581
583470-90017-6

June 2, 1999

Florida Department of State
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Manat Corporation
P98000069581

Dear Sir or Madam:

Enclosed please find the 1999 Annual Report for the above-mentioned corporation. We have enclosed the filing fee of \$150.00, and we request your consideration in waiving the late filing fee of \$400.00 due to fact that the annual report was mailed to the registered agent's office and his office has been closed.

Your cooperation will be appreciated.

Sincerely,

JORDAN, PADIAL & COMPANY, P.A.


Arturo Jordan, CPA

AJ/lr
Enclosures