

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90033 032 \*\*\*158.75

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**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000070466**

1. Corporation Name  
**INBEPRA, INC.**

Principal Place of Business  
 1319 CAMELLIA CIRCLE  
 WESTON FL 33326

Mailing Address  
 1319 CAMELLIA CIRCLE  
 WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/12/1998**

4. FEI Number **65-0869555**  
 Applied For   
 Not Applicable

2. Principal Place of Business  
 21 **9389 NW 13 St.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **9389 NW 13 St.**  
 Suite, Apt. #, etc.

5. Certificate of Status Desired   
**\$8.75** Additional Fee Required

23 **Miami, FL.**  
 City & State

28 **Miami, FL.**  
 City & State

6. Election Campaign Financing Trust Fund Contribution   
**\$5.00** May Be Added to Fees

24 **33172** 25 **USA**  
 Zip Country

29 **33172** 30 **USA.**  
 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUEVAS, ANDREW ESQ.**  
**9200 S. DADELAND BLVD.**  
**SUITE 603**  
**MIAMI FL 33156**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | <b>DPS</b>                                  | <input type="checkbox"/> DELETE |
| NAME           | <b>BETTENCOURT, CESAR AUGUSTO</b>           |                                 |
| STREET ADDRESS | <b>1319 CAMELLIA CIRCLE</b>                 |                                 |
| CITY-ST-ZIP    | <b>WESTON FL 33326</b>                      |                                 |
| TITLE          | <b>DVT</b>                                  | <input type="checkbox"/> DELETE |
| NAME           | <b>PRADA DE BETTENCOURT, IRENE CRISTINA</b> |                                 |
| STREET ADDRESS | <b>1319 CAMELLIA CIRCLE</b>                 |                                 |
| CITY-ST-ZIP    | <b>WESTON FL 33326</b>                      |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

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

*Cesar Bettencourt*  
 SIGNATURE REQUIRED

**Cesar Bettencourt**  
 President 1/22/99 (305) 591-5650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)