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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000072024

INCORIENTE U.S.A. INC.

Principal Place of Business

Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90127 018 ***150.00

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501 BRICKELL KEY DRIVE #407 MIAMI FL 33131		501 BRICKELL KEY DRIVE #407 MIAMI FL 33131				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 08/18/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	App	lied For	
21		26				65-0902657	A: Not	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	dditional	
22		27				5. Certifcate of Status Desired	Fee Rec	quired	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Int.	angible		
24	25	29 30	9 30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
VAZQUEZ, GERARDO A ESQ. 501 BRICKELL KEY DRIVE #407				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33131 🕢		ŀ	83					
									
	$\sim N \sim 1$		ĺ	84	City	FL	85 Zip C	ode	
44 Dureupot	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the ah	nve-	-named corpo	ration submits this statement for the nurnose of	changing its	registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was author	orized	by th	he corporation	n's board of directors. I hereby accept the appoi	ntment as reg	istered	
agent. Fa			Statu	ites.		5/1/9	9		
SIGNATURE	Signature, types or printed name of registered agen	TOKED AGENT,	istered A	Anent	signature required	when reinstating) DATE			_
12.	OFFICERS AN	···	13.	3		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	(11/98
TITLE		☐ DELETE	1.1 TITLE		58	CRETARY	Change	Addition	-
NAME			1.2 NAME		Ge	PARDO A. VAZQUEZ			
STREET ADDRESS			1.3 STF	REETA	ADDRESS CO	, prickell key, Drive, 5	اد جي		Ċ
CITY-ST-ZIP	į			Y-ST-		14 MI, FL 33,31			R2F034
TITLE		DELETE 2.11			Pa	ESIDENT	Change	☐-Addition	C
NAME			22 NAME NA		ĺ'n.	LOID ACISTIZABAL .			
STREET ADDRESS		2.38		3 STREET ADDRESS 50		I BRICHAL KON DRIVE	STE 4	<i>1</i> 07	
CITY-ST-ZIP	·					MIAM., EL 33131			
TITLE	DELETE 3:					RECTOR	Change	☐ Addition	ı
NAME			22 MANE		س ا	AND ARISTONAL			ı
STREET ADORESS			3.3 STE	REET #	ADDRESS 5	DI BRICKEL KEY DRIVE	STE 4	0 7	
					1	11aml, EL. 33131			
CITY-ST-ZIP	☐ DELETE			3.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
			İ						
CITY-ST-ZIP TITLE	□ DELETE		4.4 City-St-ZiP 5.1 TITLE		- 2.11		☐ Change	Addition	ı
			5.2 NA				- •		
NAME CTREET APPRESS			5.3 STF	REET /	ADDRESS				
STREET ADDRESS			5.4 CIT						
CITY-ST-ZIP		DELETE	6.1 TITI				Change	Addition	ı
TITLE			6.2 NA						
NAME		_			ADDRESS				
STREET ADORESS			U.J Q11						

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information substited 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 suppliemental 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 of 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR