

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90091 034 \*\*\*158.75

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **P98000075369**

1. Corporation Name  
**INVERSIONES SINAMAICA, INC.**



Principal Place of Business 14210 NW 5TH AVENUE NORTH MIAMI FL 33168	Mailing Address 14210 NW 5TH AVENUE NORTH MIAMI FL 33168
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9548 SW 40th Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>15887 SW 68 Terrace</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>08/28/1998</b>	4. FEI Number <b>65-0861931</b>	Applied For Not Applicable
22 City & State <b>Miami, Florida</b>	27 City & State <b>Miami, Florida</b>	5. Certificate of Status Desired - <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23 Zip <b>33165</b>	28 Zip <b>33193</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>UZCATEGUI, ADHIR J</b> 14210 NW 5TH AVENUE NORTH MIAMI FL 33168	10. Name and Address of New Registered Agent 81 Name <b>JACINTO MUJICA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>15887 SW 68th Terrace</b> 83 84 City <b>Miami</b> 85 Zip Code <b>FL 33193</b>
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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 **JACINTO MUJICA** March 16, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>President</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>JACINTO MUJICA</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>15887 SW 68th Terrace</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Miami, FL 33193</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>SECRETARY</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>JACINTO MUJICA</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>15887 SW 68th Terrace</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Miami, FL 33193</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **JACINTO MUJICA** 3/16/99 **305 380 9375**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)