


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90028 050 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000076464**

1. Corporation Name  
**CICOL CORPORATION**

Principal Place of Business 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431	Mailing Address 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1998

4. - FEI Number

65-0865475

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

 6. Election Campaign Financing  
 Trust Fund Contribution

☐ \$5.00 May Be  
 Added to Fees

 8. This corporation owes the current year Intangible  
 Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HRAWG CORP.**  
**2000 GLADES ROAD**  
**SUITE 400**  
**BOCA RATON FL 33431**

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

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	German Arias	
STREET ADDRESS	13010 S.W. 128th Street, Suite 2	
CITY-ST-ZIP	Miami, Florida 33186	

TITLE	VP/Treasurer/Director	<input type="checkbox"/> DELETE
NAME	Alfredo Arias	
STREET ADDRESS	13010 S.W. 128th Street, Suite 2	
CITY-ST-ZIP	Miami, Florida 33186	

TITLE	Secretary/Director	<input type="checkbox"/> DELETE
NAME	Cristina Arias	
STREET ADDRESS	13010 S.W. 128th Street, Suite 2	
CITY-ST-ZIP	Miami, Florida 33186	

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Arias** 27 1999 954 431 5775  
 Date Daytime Phone #

CR2E034 (11/98)