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May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000078880

1. Corporation Name
PROMUSEUM CORP.

Principal Place of Business
1211 FAIRLAKE TRACE APT 1410
WESTON FL 33326

Mailing Address
1211 FAIRLAKE TRACE APT 1410
WESTON FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 318 INDIAN TRACE

2a. Mailing Address
26 318 INDIAN TRACE

3. Date Incorporated or Qualified
09/11/1998

4. FEI Number
65-0863234

Applied For
Not Applicable

Suite, Apt. #, etc.
22 # 150

Suite, Apt. #, etc.
27 # 150

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

City & State
23 WESTON, FL

City & State
28 WESTON, FL

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

Zip Country
24 33326 25 U.S.A.

Zip Country
29 33326 30 U.S.A.

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

DELGADO, PEDRO P
1320 S DIXIE HWY STE 220
CORAL GABLES FL 33146

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 P
NAME ESPINOSA, VOLMAR J
STREET ADDRESS 1211 FAIRLAKE TRACE APT 1410
CITY-ST-ZIP WESTON FL 33326

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-99 (305) 661-75-76

Date

Daytime Phone #

CR2E034 (11/98)