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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000078881

1. Corporation Name

INTERNATIONAL BAGGAGE IDENTIFICATION CORP.

Principal Place of Business

692 W 29 STREET #9
HIALEAH FL 33012

Mailing Address

692 W 29 STREET #9
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1998

4. FEI Number

65-0863011

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

BOTO, JOSE T
90 W 10 STREET #10
HIALEAH FL 33010

10. Name and Address of New Registered Agent

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

Reene Alvarez
Signature, typed or printed name of registered agent and title (Applicable)

Reene Alvarez
(NOTE: Registered Agent signature required when reinstalling)

DATE

1-8-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BOTO, JOSE T
STREET ADDRESS 90 W 10 ST #10
CITY-ST-ZIP HIALEAH FL 33010

TITLE STD ☐ DELETE
NAME LOPEZ, LUIS
STREET ADDRESS 3950 NE 7 STREET #2
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIT ☒ Change ☐ Addition
12 NAME Boto, Jose T
13 STREET ADDRESS 90 W 10 ST #10
14 CITY-ST-ZIP HIALEAH FL 33010

21 TITLE DIS ☒ Change ☐ Addition
22 NAME Lopez, Luis
23 STREET ADDRESS 3950 NE 7 ST #2
24 CITY-ST-ZIP MIAMI FL 33126

31 TITLE P/D ☒ Change ☒ Addition
32 NAME ALVAREZ, Reene
33 STREET ADDRESS 7632 NW 16th
34 CITY-ST-ZIP MIAMI FL 33015

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Reene Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 305 8874185

CR2E034 (11/98)

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