

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000082388

1. Corporation Name

~~FINOPRINT CORPORATION~~ FINOWEAVING CORPORATION

Principal Place of Business

C/O MICHAEL ORTIZ, P.A.  
2665 SOUTH BAYSHORE DRIVE #902  
MIAMI FL 33133

Mailing Address

C/O MICHAEL ORTIZ, P.A.  
~~2665 SOUTH BAYSHORE DRIVE #902~~  
~~MIAMI FL 33133~~

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90055 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1998

4. FEI Number

65-0864549

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

9. Name and Address of Current Registered Agent

ORTIZ, MICHAEL

~~2665 SOUTH BAYSHORE DRIVE~~

~~SUITE 902~~

~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

328 Minorca Ave., 2nd Floor

83

84 City

Coral Gables,

FL

85 Zip Code

33134

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 ☐ DELETE

NAME Yidi, Carlos

STREET ADDRESS 6942 NW 50 St., Miami, FL

CITY-ST-ZIP

TITLE ☐ DELETE

NAME P, D

STREET ADDRESS Yidi, Andres

CITY-ST-ZIP 6942 NW 50 St., Miami, FL

TITLE ☐ DELETE

NAME VP, D

STREET ADDRESS Yidi, Carlos E.

CITY-ST-ZIP 6942 NW 50 St., Miami, FL

TITLE ☐ DELETE

NAME S, T, D

STREET ADDRESS Yidi, William

CITY-ST-ZIP 6942 NW 50 St., Miami, FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*William Yidi* REQUIRED

4/9/99

(305) 470-2400

Date

Daytime Phone #

CR2E034 (11/98)