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

FILED
02-12-1999 90007 020 ** 150.00
P98000083183
DIVISION OF CORPORATIONS

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DOCUMENT # **P98000083183**

1. Corporation Name
CANDISAR CORPORATION

Principal Place of Business	Mailing Address
2401 COLLINS AVE., #1411 MIAMI FL 33140	2401 COLLINS AVE., #1411 MIAMI FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1998

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number — 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

ROTBART, ALEXANDER B
ROTBART & DEUTSCH, P.A.
21845 POWERLINE RD., STE. 201
BOCA RATON FL 33433

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CANDIA SARDI, LUIS ALFREDO		1.2 NAME	
STREET ADDRESS	2401 COLLINS AVE., #1411		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33140		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CANDIA SARDI, MILAGRO		2.2 NAME	
STREET ADDRESS	2401 COLLINS AVE., #1411		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33140		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DE CANDIA, EGLE SARDI		3.2 NAME	
STREET ADDRESS	2401 COLLINS AVE., #1411		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33140		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	CANDIA, ALFREDO CANDIA		4.2 NAME	
STREET ADDRESS	2401 COLLINS AVE., #1411		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33140		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #