

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 # P98000084496

1. Corporation Name
PEOPLE'S SUCCESS, INC.

Principal Place of Business
C/O DAVID J. HART, ESQ.
100 N BISCAYNE BLVD. SUITE 2800
MIAMI FL 33132

Mailing Address
C/O DAVID J. HART, ESQ.
100 N BISCAYNE BLVD. SUITE 2800
MIAMI FL 33132

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90278 033 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified	10/01/1998
4. FEI Number	65-0867778
5. Certificate of Status Desired	☒ Yes ☐ No
6. Election Campaign Financing	☐ Yes ☒ No
7. This corporation owes the current year Intangible Personal Property Tax	☐ Yes ☒ No
8. Name and Address of New Registered Agent	

1. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Country

9. Name and Address of Current Registered Agent
HART, DAVID J 100 N BISCAYNE BLVD, SUITE 2800 MIAMI FL 33132

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0616, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D CUELLAR, CARLOS F	NAME	MONTANA, Carlos
STREET ADDRESS	AV CRA 68 NO 75A SOL 109	STREET ADDRESS	2014 Harrison Street
CITY, ST, ZIP	SANTA FE DE BOGOTA, COLUMBIA	CITY, ST, ZIP	Hollywood, FL 33020
NAME	D CUELLAR, WILLIAM R	NAME	
STREET ADDRESS	AV CRA 68 NO. 75A SOL 109	STREET ADDRESS	
CITY, ST, ZIP	SANTA FE DE BOGOTA, COLUMBIA	CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an agreement with my address, which shall be signed and approved.

SIGNATURE: _____ Carlos Montana (954) 924-6171