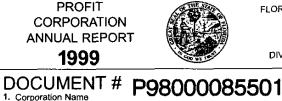
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

EL SOL HISPANO, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90025 027 ***150.00

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Principal Place	al Place of Business Mailing Address) inditieder rich intritt die in oanst oandt inter ander aring danar iner con					
P.O. BOX 120966 P.O. BOX 120966									
CLERMONT FL 34712 CLERMONT FL 34712				DO NOT WRITE IN THIS SPACE					
1						Date Incorporated or Qualifed	- 11 17 10 OI A		
1						10/06/1998			1
2. Principal Pl	ace of Business	2a. Mailing Add	Iress			4. FEI Number		Apr	olied For
21	acc of Equinoss	26	— ·			59-3536120)	 	Applicable
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.				\$8		dditional
22	.,	27	,			5. Certifcate of Status Desired		Fee Re	1
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing		5.00	May Be
23 28				Trust Fund Contribution		Added to			
Zip	Country	Zip	Co	ountry		8. This corporation owes the curre	nt year Intangib	le	
24	25	29	30			Personal Property Tax.	Y	'es	□No
	9. Name and Address o	f Current Registered Agent		\bot		10. Name and Address of New Ro	egistered Agen	t	
				81	Name				
	NEDY, AURA B			82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
	8 GREATER TR.						<u> </u>		
CLERMONT FL 34711		83							
1				84	City		85	Zip C	Code
					-		FL]	
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Flo	rida Statutes, the	above	-named corp	poration submits this statement for the pon's board of directors. I hereby accept	ourpose of chan	ging its	registered
office or re	egistered agent, or both, in the familiar with, and accept the	ne State of Florida. Such cha he obligations of, Section 607	.0505, Florida Sta	ed by t atutes.	ne corporati	oits board of directors, Thereby accept	the appointmen	ıı as reç	jistorou
SIGNATURE									
	Signature, typed or printed name of reg				signature require	ed when reinstating)	DATE	05070	00.0140
12.		ERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFF			RS IN 12
TITLE	D	Ц		TITLE			Ú,	Change	☐ Addition
NAME	Kennedy, Aura B		1.2	NAME					,
STREET ADDRESS	15708 GREATER TR.	-	1.3	STREET	ADDRESS				
CITY-ST-ZIP	CLERMONT FL 34711			CITY-ST	-ZIP			N	T Addition
TITLE	D		DELETE 2.1	TITLE				Change	☐ Addition
NAME	BLANCO, SIMON		2.2	NAME	-				* -
STREET ADDRESS	1896 CARALEE BLVD.	#1	2.3	STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32822			CITY-ST	- ZIP			· · · · · · ·	□ Additio
TITLE				TITLE			□(Change	☐ Addition
NAME			32	NAME	l				
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-ST	r-zip		——————————————————————————————————————	D1	
TITLE			DELETE 41	TITLE				Change	Addition
NAME			4.2	NAME	l				
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY ST	-ZIP_				
TITLE	_			TITLE	[Change	☐ Addition
NAME			E.	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				}
CITY-ST-ZIP				CITY-ST	-ZIP				
TITLE			DELETE 6.1	TITLE				Change	Addition
NAME			62	NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP			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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: