

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

05-10-1999 90118 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000085783**

1. Corporation Name

INARES CORPORATION

Principal Place of Business

721 STILLVIEW CIRCLE
BRANDON FL 33510

Mailing Address

721 STILLVIEW CIRCLE
BRANDON FL 33510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

65-0920576

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. ☐ Yes ☐ No

2. Principal Place of Business

21 721 STILLVIEW CIRCLE

2a. Mailing Address

26 721 STILLVIEW CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BRANDON FLORIDA

City & State

28 BRANDON FLORIDA

Zip

24 33510

Country

Zip

29 33510

Country

30

9. Name and Address of Current Registered Agent

MEDINA, MARTHA I
721 STILLVIEW CIRCLE
BRANDON FL 33510

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 MARTHA I. MEDINA PSD
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-6-99

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE
NAME MEDINA, MARTHA I
STREET ADDRESS 721 STILLVIEW CIRCLE
CITY-ST-ZIP BRANDON FL 33510

TITLE VPD ☐ DELETE
NAME TORRES, CAMILO
STREET ADDRESS 721 STILLVIEW CIRCLE
CITY-ST-ZIP BRANDON FL 33510

TITLE VPD ☐ DELETE
NAME TORRES, HORACIO
STREET ADDRESS 721 STILLVIEW CIRCLE
CITY-ST-ZIP BRANDON FL 33510

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 VPD ☐ Change ☒ Addition
1.2 NAME Richard A. Medina
1.3 STREET ADDRESS 721 STILLVIEW CIRCLE
1.4 CITY-ST-ZIP BRANDON FL 33510

2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME GISSSELLA R. TORRES
2.3 STREET ADDRESS 721 STILLVIEW CIRCLE
2.4 CITY-ST-ZIP BRANDON FL 33510

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.

SIGNATURE:

MARTHA I. MEDINA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99 (813) 654-3829
(813) 293-5266
Date Daytime Phone #

CR2E034 (5/99)