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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90021 041 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000085963

1. Corporation Name

MASHTA INTERNATIONAL CORPORATION

Principal Place of Business

901 PONCE DE LEON BLVD.
SUITE #601
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.
SUITE #601
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

65-0871883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 711 Biltmore way

Suite, Apt. #, etc.

22 Coral Gables FL

City & State

23 33134

Zip

Country

24 33134

25

2a. Mailing Address

26 711 Biltmore way

Suite, Apt. #, etc.

27 Coral Gables Florida

City & State

28 33134

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD.
SUITE #601
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81

Name Diego Duque

82

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

83

711 Biltmore way

84

Coral Gables

City

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

Diego Duque

(NOTE: Registered Agent signature required when reinstating)

DATE 1/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DUQUE, DIEGO
STREET ADDRESS 711 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: *Diego Duque* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/27/99 3-5-446-6882

Date

Daytime Phone #

CR2E034 (11/98)