

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
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90094 025 ***158.75

0216859

DOCUMENT # P98000090930

1. Corporation Name

COMUNDI INTERNATIONAL CORPORATION

Principal Place of Business

C/O. AMADA LOPEZ-CANTERA, P.A.
2300 CORAL WAY - SUITE 201
MIAMI FL 33145

Mailing Address

C/O AMADA LOPEZ-CANTERA, P.A.
2300 CORAL WAY - SUITE 201
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

05-08767109

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 7330 NW 12th Street

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 7330 NW 12th Street

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY
SUITE 103
MIAMI FL 33145

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

David Williams

(NOTE: Registered Agent signature required when reinstating)

Vivian Williams President Dade Corp. serv

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FARAJ, JUAN J
STREET ADDRESS 7330 NW 12 STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME GABRIEL, NELSON
STREET ADDRESS 7330 NW 12 STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME CHARUR, CARLOS
STREET ADDRESS 7330 NW 12 STREET
CITY-ST-ZIP MIAMI FL 33126

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE CARLOS CHARUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

305-888-5558

Date

Daytime Phone #

CR2E034 (11/98)