

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 # P98000092266
1. Corporation Name

REDAN INTERNATIONAL, INC.

Principal Place of Business Mailing Address
901 Ponce de Leon Blvd.
Suite #601
Coral Gables, Florida
33134

99 JUL -9 AM 10:38



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/98

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 1530 Sweet Bay Way 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 Hollywood, FL 28

Zip Country Zip Country
24 33319 25 USA 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBORNOZ, WILLIAM H. Esq.
901 Ponce de Leon Blvd. Suite #601
Coral Gables, FL 33134

81 Name NELSON SLOSBERGAS, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive Suite 400
83
84 City Miami, FL 85 Zip Code
FL 33131

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☒ DELETE
NAME OLIVEIRA, FRANCISCO L
STREET ADDRESS 1225 Weeping Willow Way
CITY-ST-ZIP Hollywood, FL 33019

TITLE DP ☐ DELETE
NAME MASCH, MARGARETH ROSE
STREET ADDRESS 3708 NE 207 Terrace
CITY-ST-ZIP N Miami, FL 33180

TITLE DVP ☐ DELETE
NAME OLIVEIRA JR., FRANCISCO LUIS
STREET ADDRESS 1530 Sweetbay Way
CITY-ST-ZIP Hollywood, FL 33319

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 000002936920--4
-07/20/99--01094--016
1.4 CITY-ST-ZIP ***61.25 ***61.25

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #