

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90068 016 \*\*\*150.00

715085

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0902652

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

-7.-Name and Address of New Registered Agent

GERARDO VAZQUEZ, ESQ.  
501 BRICKELL KEY DRIVE  
SUITE 407  
MIAMI, FL 33131

Name **ALVARO CASTILLO B., P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1390 BRICKELL AVE.,**  
**SUITE 200**  
City **MIAMI.**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

11. : OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input checked="" type="checkbox"/> Delete
NAME	Daniel Kassab	
STREET ADDRESS	1390 BRICKELL AVE. SUITE 200	
CITY-ST-ZIP	MIAMI, FL 33131	

TITLE	President / Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Milena Giraldo		
STREET ADDRESS	1390 BRICKELL AVE., SUITE 200		
CITY- ST- ZIP	MIAMI, FL 33131		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> De'ete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)