

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90036 002 ***150.00

DOCUMENT # P98000094716

1. Corporation Name
ANTIGUA INVEST CORP.

Principal Place of Business
165 DIXON ROAD UNIT 71
TORONTO ONTARIO CANADA M9P3T-9

Mailing Address
165 DIXON ROAD UNIT 71
TORONTO ONTARIO CANADA M9P3T-9

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

☒ 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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1101 Brickell Ave

Suite, Apt. #, etc.

22 #1700

23 City & State

MIAMI FL

24 Zip 33131 25 Country USA

2a. Mailing Address

26 1101 BRICKELL AVE

Suite, Apt. #, etc.

27 #1700

28 City & State

MIAMI, FL

29 Zip 33131 30 Country USA

9. Name and Address of Current Registered Agent

PENALVER, AURORA
1101 BRICKELL AVE. SUITE 1700
MIAMI FL 33131

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

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 D
NAME MAURER, HEINRICH F
STREET ADDRESS 165 DIXON ROAD UNIT 71
CITY-ST-ZIP TORONTO ONTARIO CANADA M9P3T-9

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME CARINA GABRIELA RUGER STAUDACHER
1.3 STREET ADDRESS 1101 BRICKELL AVE #1700
1.4 CITY-ST-ZIP MIAMI FL 33131

☒ Change ☐ Addition

2.1 TITLE President/Secretary
2.2 NAME Carina Gabriela Ruger Staudacher
2.3 STREET ADDRESS 1101 Brickell Ave., Suite 1700
2.4 CITY-ST-ZIP Miami, Florida 33131

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: *Carina Ruger*

Date

Daytime Phone #

CR2E034 (11/98)