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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000099223

1. Corporation Name

| Principal Place of Business | Mailing Address | | | |
|--|--|----|--|--|
| 1581 BRICKELL AVENUE STE. 1202 MIAMI FL 33129 | 1581 BRICKELL AVENUE STE. 1202 MIAMI FL 33129 | | | |
| | | [; | | |
| Principal Place of Business 1 | 2a. Mailing Address 26 | • | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | |
| City & State | City & State | | | |

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90019 016 ***150.00

| HARD BU | JSINESS, INC. | | | | l | | | | | |
|-------------------------------|--|---|--|-------------------|----------------|-------------|--------------------------------------|----------------------|------------------|--------------|
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| | | | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | | | 981 -114 14141 14111 441 | is Saist Metti Aerra | 66 19114 11010 . | |
| 1581 BRICKELL | AVENUE STE. 1202 | 1581 BRICKELL AVEN | IUE STE. 1202 | | - } | | | | • | |
| MIAMI FL 33129 MIAMI FL 33129 | | | | | | DO NOT | VRITE IN THIS | SEDACE | | |
| | | | | | - | Nata Incar | porated or Quali | | S SPACE | |
| | | | | | • | 11/25/1 | • | 160 | | |
| <u> </u> | (0) | A Moiling Addenso | | | | El Numb | | | Δnr | olied For |
| · · | ace of Business | 2a. Mailing Address | | | | A PPL | | - | <u> </u> | Applicable |
| 21 | 4 | Suite, Apt. #, etc | | | | . , , - | <u> </u> | | \$8.75 A | |
| Suite, Apt. | #, etc. | 27 | • | | 5. 0 | Certifcate | of Status Desire | d □ | Fee Red | |
| City & State | | City & State | | | | Tection C | ampaign Financ | | \$5.00 | May Re |
| 23 | • | 28 | | | | | Contribution | a 🗆 | Added to | |
| Zíp | Country | Zip | Country | | 8. 1 | his corpo | ration owes the | current year Ir | ntangible | |
| 24 | 25 | 29 | - 30 | |) F | Personal F | Property_Tax. | | Yes 、 <u></u> . | □No _ |
| 47 | 9. Name and Address of Currel | | | | 10, 1 | Name and | Address of Ne | w Registered | Agent | |
| | | | 81 | Name | CARL | _os | HARRI | HOTOH | | - |
| | RIGUEZ, JOSE R | | 82 | Street | | | | | | |
| 275 | Fontainbleau BLVD. Ste. 1: | 35 | " | 0,,,,,, | 1581 1 | BRIC | mber is Not Acc | l€., ≤ | 1€.120 | 2 |
| MIAN | Al FL 33172 | | 83 | 1 | | | | , | | |
| | | | 84 | City | | • | | | 85 Zip C | inde |
| } | | | Ì | 1 | MIAN | | | FI | L 33 | 129 |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida \$ | Statutes, the abov | e-named | corporation | submits th | nis statement for | the purpose o | of changing its | registered |
| office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi | e of Florida. Such change v ations of, Section 607.050 | vas authorized by 5. Florida Statute: | / the corpo s. | pration s boa | ira or aire | Clors. I hereby a | | | jistered |
| | 1 minut | 11 | | | | | | 1/31/7 | 7 | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. | (NOTE: Registered Age | ent signature n | | | | DATE | · - | |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | ····· | Al | DDITIONS | S/CHANGES TO | OFFICERS A | | |
| TITLE | D | ☐ DELE | TE 1.1 TITLE | | D/Y | | | | Change | Addition |
| NAME | ALVAREZ-MOGGIO, SUSANA | | 1.2 NAME | | | | | | | \ |
| STREET ADDRESS | 1581 BRICKELL AVE. STE. 12 | 202 | 1.3 STREE | T ADDRESS | | | | | | ļ |
| CITY-ST-ZIP | MIAMI FL 33129 | | 1.4 CITY- | ST-ZIP | _ , | | | | | 101 A Julian |
| TITLE | D | ☐ DETE. | TE 2.1 TITLE | | D/S | | | | ☐ Change | Addition |
| NAME | MOGGIO, RODOLFO V | | 2.2 NAME | | • | | | | | İ |
| STREET ADDRESS | 1581 BRICKELL AVENUE STI | E. 1 202 | 2.3 STREE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33129 | | 2 4 CITY- | ST-ZIP | | | | | [F] Channe | - I Addison |
| TITLE | | ☐ DELE | L - | | | • | | | Change | Addition |
| NAME | | | 3.2 NAME | | | • | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | } |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | | Change | Addition |
| TITLE | | ☐ DELE | | | | | | | ☐ Change | |
| NAME | | | 4. 2 NAME | | | | | | • | } |
| STREET ADDRESS | | | 4 3 STREI | ET ADDRESS | | | | | | ĺ |
| CITY-ST-ZIP | | | 4,4 CITY- | | | | | | Change | Addition |
| TITLE | | ☐ DELE | | |] | | | | ☐ Change | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | | | į |
| CITY-ST-ZIP | | | 5.4 CiTY- | | - | | | | ET Chance | Addition |
| TITLE | | ☐ DELE | | | | | - | | Change | |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 63 STRE | ET ADDRESS | 1 | | | | | 1 |

CITY-ST-ZIP

14. I hereby certify that the information subclied 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 of 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 a statement with an address, with all other like empowered. CiTY-ST-ZIP 305-858-9679

SIGNATURE:

PRESIDENT