## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**1899** 2000

P99000104711

1. Corporation Name

DOCUMENT #

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CECRETARY OF STATE

· · · · · · · · · · · · · · · · · · ·	CHEMWEB, INC.	۰۰ سبب				TALLAHASSEE, FLOR	IDA				
Principal Place of Business 2 S. Biscayne Blvd. 2 S. Biscayne Bl Suite 3400 Miami, Florida 33131 Malling Address 2 S. Biscayne Bl Suite 3400 Miami, Florida 3						DO NOT WR	ITE IN THIS	S SPAC	Œ		
						3. Date Incorporated or Qualifed 12/02/99					
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number				lied For Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>∏</b>	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			5.00 M dded to	•	
Zip 24	Country 25					8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ XNo					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
Valdes-Fauli Corporate Services, Inc.				1 Name	1			_			
2 South Biscayne Blvd. Suite 3400				2 Street	Address	(P.O. Box Number is Not Accept	able)				
Miami, Florida 33131			8	3							
			8	4 City			FL	85	Zip Co	ode	
office or reg	the provisions of Sections 607.0502 a gistered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was auth	orized b	y the corpo	corporation's	tion submits this statement for the board of directors. I hereby accept	purpose of pt the appoi	changi ntment	ng its re as regi	egistered stered	
SIGNATURE _	Ignature, typed or printed name of registered agent ar	od title if englicable (NOTE: Ba	nietarad Ar	ent signature e	required who	en reinstation)	DATE				
12,	OFFICERS AND DIRECTORS 13.				Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
· · · · · · · · · · · · · · · · · · ·	D	☐ DELETE	1.1 TITLE		s			Ch		Addition	
				_	1						

Calderon, Jose Luis Calderon, Jose Luis STREET ADDRESS 1.3 STREET ADDRESS 2 S. Biscayne Blvd., Ste 3400 2 S. Biscayne Blvd., Ste 3400 CITY-ST-ZIP Miami, Florida 33131 1.4 CITY-ST-ZIP Miami - Florida 33131 X Addition **X**DELETE Change TITLE 2.1 TITLE De Calderon, Mairosy Hernandez NAME 2.2 NAME De Calderon, Mairosy S.H. 2 S. Biscayne Blvd., Ste 3400 STREET ADDRESS 2.3 STREET ADDRESS 2 S. Biscayne Blvd., Ste 3400 Miami, Florida 33131 CITY-ST-ZIP 2.4 CITY-ST-ZIP Miami, Florida 33131 DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP 500003113405-□ DELETE TITLE 4.1 TITLE NAME 4. 2 NAME -N1/27/NO--N1100--003 STREET ADDRESS 4.3 STREET ADDRESS \*\*\*\*158.75 \*\*\*\*158.75 CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition ☐ DELETE Chan TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 one appears in address, with all other like empowered.

SIGNATURE: