

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000110496

1. Entity Name  
VARELA IMPORTS, INC.



FILED

04 OCT 27 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3587 NW 82ND AVENUE  
MIAMI, FL 33122

Mailing Address  
3587 NW 82ND AVENUE  
MIAMI, FL 33122

2. Principal Place of Business  
5201 Blue Lagoon Dr.

3. Mailing Address  
5201 Blue Lagoon Dr.

Suite, Apt. #, etc.  
8th Floor

Suite, Apt. #, etc.  
8th Floor

10072004 Chg-P CR2E034 (10/03)



4. FEI Number  
04-3498127

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ARROW, ORLANDO  
10556 NW 26TH STREET  
SUITE 203  
MIAMI, FL 33172

## 7. Name and Address of New Registered Agent

Name  
INTRASTATE REGISTERED AGENT CORPORATION  
Street Address (P.O. Box Number is Not Acceptable)  
701 BRICKELL AVENUE #3000  
City  
MIAMI, FL Zip Code  
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

BY: JORGE L. HERNANDEZ-TORANO, VP

DATE

10/7/04

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VARELA, JUAN A	
STREET ADDRESS	CALLE A URBANIZACION IND.	
CITY-ST-ZIP	REPUBLIC DE PANAMA,	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VARELA, JOSE RAMON	
STREET ADDRESS	CALLE A URBANIZACION IND.	
CITY-ST-ZIP	REPUBLIC DE PANAMA,	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VARELA, JOSE LOUIS	
STREET ADDRESS	CALLE A URBANIZACION IND.	
CITY-ST-ZIP	REPUBLIC DE PANAMA,	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMSAUER, LINETTE C	
STREET ADDRESS	CALLE A URBANIZACION IND.	
CITY-ST-ZIP	REPUBLIC DE PANAMA,	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, CARLOS R	
STREET ADDRESS	CALLE A URBANIZACION IND.	
CITY-ST-ZIP	REPUBLIC DE PANAMA,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

600042248656  
10/27/04--01048--010 \*\*\$61.25

12. 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 10 or Block 11 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

Date

Daytime Phone #