## 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

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90053 037 \*\*\*150.00

## DOCUMENT # S12469 1. Corporation Name

ANTAWA CORP.

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Principal Place of Business	Mailing Address		f INDVINIA INI TIANA ITALA DIREG AILEN IA	il Albit diått bibit åtått Bibli affit ison			
SUITE 3400. ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131	SUITE 3400. ONE BISCAYNE TO 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131	OWER	DO NOT WRITE I	DO NOT WRITE IN THIS SPACE			
1			3. Date Incorporated or Qualifed				
			11/14/1990				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21	26		65-0264620	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	• -	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip 29 30	Country	This corporation owes the current y     Personal Property Tax.	vear Intangible ☐ Yes XNo			
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent				
VALDES-FAULI CORPORATE SERV ONE BISCAYNE TOWER, SUITE 34			Name Street Address (P.O. Box Number is Not Acceptable)				
2 SOUTH BISCAYNE BLVD. MIAMI FL 33131		83	City	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.

agent. i ai	II familial with, and accept the obligations of,	36011011 001.0303, 1 10110	a diamico.				
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: R	egistered Agent signature req	uired when reinstating) ,	DATE	<u> </u>	
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETÉ	1.1 TITLE		☐ Change	☐ Addition	
NAME	BOTERO, ILSE DE		1.2 NAME				
STREET ADDRESS	2 S.BISCAYNE BLVD.#3400		1.3 STREET ADDRESS			J	
-	MIAMI FL		1.4 CITY-ST-ZIP			\	
CITY-ST-ZIP	DVS	☐ DELETE	2.1 TITLE		Change	☐ Addition	
	<b>₩</b> ' =	<b>_</b>	2.2 NAME				
NAME	BOTERO, FELIPE		2.3 STREET ADDRESS			}	
STREET ADDRESS	2 S.BISCAYNE BLVD.#3400		II .			{	
CITY-ST-ZIP	MIAMI FL	O DELETE	2.4 CITY-ST-ZIP		Change	Addition	
TITLE	DT	☐ DELETE	3.1 TITLE		[_] Criange		
NAME	BOTERO, ANDREA		3.2 NAME				
STREET ADDRESS	2 S BISCAYNE BLVD., #3400		3.3 STREET ADORESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4.2 NAME				
STREET ADDRESS	•		4.3 STREET ADDRESS				
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP		<u>·</u>		
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME	. ,		. 5.2 NAME	·		ļ	
STREET ADDRESS	, ·		5.3 STREET ADDRESS				
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP				
TITLE	,	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME		•		
STREET ADDRESS	•		6.3 STREET ADDRESS		•		
CITY-ST-ZIP	. ^	•	6.4 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 suppliemental 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 tustee 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, of with all other like empowered.

SIGNATURE: