

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90075 016 ***150.00

DOCUMENT # S17205

1. Corporation Name
CLAUDO, CORP.

Principal Place of Business
14615 W DIXIE HWY
NORTH MIAMI FL 33161

Mailing Address
14615 W DIXIE HWY
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1990

4. FEI Number

65-0248341

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ DOMINGO
20751 NE 13 AVE
N MIAMI BEACH FL 33179

Gonzalez Domingo
1220 NE 211 Ave
N. Miami Fl. 33179

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME GONZALEZ, DOMINGO
STREET ADDRESS 20751 NE 13 AVE
CITY-ST-ZIP N MIAMI BEACH FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Gonzalez Domingo
1.3 STREET ADDRESS 1220 NE 211 Ave
1.4 CITY-ST-ZIP N. MIAMI FL.

TITLE STD ☐ DELETE
NAME GONZALEZ, CLAUDINA
STREET ADDRESS 20751 NE 13 AVE
CITY-ST-ZIP N MIAMI BEACH FL

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME Gonzalez Claudina
2.3 STREET ADDRESS 1220 NE 211 Ave
2.4 CITY-ST-ZIP N. MIAMI FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

305-949-2471

CR2E034 (11/98)