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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90007 008 \*\*\*150.00

DOCUMENT # S26547

1. Corporation Name

MASVIDAL PARTNERS, INC.

Principal Place of Business

2151 LE JEUNE RD - 1401 Ponce de Leon  
STE 202 Suite 402

CORAL GABLES FL 33134

Mailing Address

P O BOX 141102  
CORAL GABLES FL 33114

2. Principal Place of Business

21 1401 Ponce de Leon

2a. Mailing Address

26 Suite, Apt. #, etc.

22 402

27 Suite, Apt. #, etc.

23 City & State

Coral Gables, FL

28 City & State

24 Zip

Country

29 Zip

Country

25 33134

29 33134

9. Name and Address of Current Registered Agent

MASVIDAL, MERCEDES C.

2151 LE JEUNE RD 1401 Ponce de Leon Blvd.

STE 202 402

CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1991

4. FEI Number

65-0243711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1401 Ponce de Leon Blvd.

83 Suite 402

84 City Coral Gables

FL

85 Zip Code

33134

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

☐ DELETE

TITLE D

NAME MASVIDAL, MERCEDES C.

STREET ADDRESS 2151 LE JEUNE RD, STE 202 - 1401 Ponce de Leon

CITY-ST-ZIP CORAL GABLES FL 33134 Suite 402

TITLE M/D

NAME MASVIDAL, RAUL P

STREET ADDRESS 2151 LE JEUNE RD, STE 202 - 1401 Ponce de Leon

CITY-ST-ZIP CORAL GABLES FL 33134 Suite 402

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 1401 Ponce de Leon Blvd. #402

1.4 CITY-ST-ZIP Coral Gables FL 33134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS 1401 Ponce de Leon Blvd. #402

2.4 CITY-ST-ZIP Coral Gables FL 33134

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/99 (305) 442-9202

CR2E034 (1/98)