PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S32267

1. Corporation Name

JOSE RAMON PINERO-PRIETO, INC.

Principal Place of Business Mailing Address 7100 WEST 20TH AVENUE 7100 WEST 20TH AVENUE SUITE 312 SUITE 312 DO NOT WRITE IN THIS SPACE HIALEAH FL 33016 HIALEAH FL 33016 3. Date Incorporated or Qualifed 02/18/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0253815 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A Z REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 2601 BAYSHORE DRIVE **SUITE 1600** 83 **MIAMI FL 33133** 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change 1.1 TITLE TITLE PINERO, JOSE 12 NAME NAME 7100 W 20TH AVE SUITE 404 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ DELETE 2.1 TITLE

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.

2.2 NAME

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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2.3 STREET ADDRESS

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SIGNATURE: _

NAME

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SIGNATURE AND TYPED OR PRINTED-NAM ME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

Jun 08, 1999 8:00 am

Secretary of State

06-08-1999 90005 025 ***550.00

CR2E034 (11/98)

☐ Addition

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Applied For

Not Applicable