

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
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90089 014 ***150.00

0240213

DOCUMENT # S34669

1. Corporation Name
MAKE CORP.

Principal Place of Business
4460 NW 74 AVE
MIAMI FL 33166

Mailing Address
4460 NW 74 AVE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1991

4. FEI Number

65-0248808

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

FLEITES WILFREDO
4460 NW 74 AVE.
#112
MIAMI FL 33166

10. Name and Address of New Registered Agent

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

TITLE PD
NAME KEMPFF, MARIO
STREET ADDRESS 9441 FONTAINEBLEAU BLVD 109
CITY-ST-ZIP MIAMI-FL ☐ DELETE

TITLE VD
NAME KEMPFF, LORENA
STREET ADDRESS 9441 FONTAINEBLEAU BLVD 109
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME MARTINEZ HUGO
STREET ADDRESS 9441 FONTAINEBLEAU BLVD 109
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME KEMPFF, Mario
1.3 STREET ADDRESS 4460 NW 74 Ave
1.4 CITY-ST-ZIP MIAMI FL 33166 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME KEMPFF, Lorena
2.3 STREET ADDRESS 4460 NW 74 Ave
2.4 CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☐ Addition

3.1 TITLE TD
3.2 NAME Martinez, Hugo
3.3 STREET ADDRESS 4460 NW 74 Ave
3.4 CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

Daytime Phone #

CR2E034 (11/98)