

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 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90011 022 \*\*\*150.00

DOCUMENT # 165675 lok

1. Corporation Name

Priscilla Investments, Inc.

Principal Place of Business

Mailing Address

150 So. Shore Dr.  
Miami Beach FL

8357 W. FLAGLER #150  
Miami, FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-22-92

2. Principal Place of Business

21 150 So. Shore Dr.

2a. Mailing Address

26 4444 SW 71 AVE

4. FEI Number

65-0374615

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami Beach FL

28 Miami, FL

Zip

24 33141

Country

25 USA

Zip

29 33155

Country

30 USA

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

9. Name and Address of Current Registered Agent

German Salazar  
15350 NW 79 CT.  
Miami Lakes, FL 33016

10. Name and Address of New Registered Agent

81 Name Lilia Veitia

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

4444 SW 71 AVE

83 Suite. 101-B

84 City Miami,

FL

85 Zip Code 33155

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 his if applicable.

Lilia Veitia agent.

5-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE  
NAME Elizabeth Bieler  
STREET ADDRESS 1207 Drexel Ave #10  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE Sec. ☐ DELETE  
NAME Cesar Doglioni  
STREET ADDRESS 8357 W. FLAGLER #150  
CITY-ST-ZIP Miami, FL 33144

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

CR2E034 (11/98)

SIGNATURE:

Cesar Doglioni

5-5-99

305 868 8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #