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## 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

7. Corporatio	MENT # <b>56544</b> 9 PREALTY OF FLORIDA, INC						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-					
Principal Plac	e of Business	Mailing Address		*****		918)) 418): VIET VIET (	HARI BIBIF (BB)
109 SE 1ST AVE HALLANDALE FL 33008  109 SE 1ST AVE HALLANDALE FL 33008							
					DO NOT WRITE IN  3. Date Incorporated or Qualifed	THIS SPACE	
					01/19/1978		\
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26		59-1804246	<u> </u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75		
22		27			5. Certifcate of Status Desired	Fee.Re	equired =
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current ye		
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curi	rent Registered Agent		81 Name	10. Name and Address of New Regist	ared Agent	
CAS	CHETTA, NINA			Name			
1093 NE 210TH TERRACE			Γ	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	-	
N. MIAMI BEACH FL 33179			}	83			
				43			
				84 City		FL 85 Zip (	Code
44 Dureuant	to the provisions of Sections 607.0	1502 and 607 1508 Florida Statu	ites the ah	ove-named com	poration submits this statement for the nurno		registered
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was	authorized	by the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as re	gistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607,0505, Fi	onda Statu	tes.			1
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	E: Registered /	Agent signature require	d when reinstating) DA	TE	
12.		AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITI	Æ		☐ Change	☐ Addition
NAME	CASCHETTA, NINA		1.2 NAI	/IE			3
STREET ADDRESS	1093 NE 210TH TERR		1.3 STF	REET ADDRESS			1
CITY-ST-ZIP	NORTH MIAMI FL		1.4 C/T	Y-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITU	.E		Change	Addition
NAME	CASCHETTA," NINA		2.2 NA	Æ.			
STREET ADDRESS			· 2.3 STF	REET ADDRESS	ين معج - بير		
CITY-ST-ZIP	NORTH MIAMI FL	<u> </u>	2.4 CIT	Y-ST-ZIP			
TITLE	I	☐ DELETE	3.1 7171	E		☐ Change	☐ Addition
NAME	CASCHETTA, NINA		3.2 NA	AE			
STREET ADDRESS			3.3 STF	REET ADDRESS			ł
CITY-ST-ZIP	NORTH MIAMI FL			Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITI	E		☐ Change	☐ Addition
NAME			4. 2 NA	ME			ļ
STREET ADDRESS			4.3 STF	REET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP	,		57 A ddis
TITLE		☐ DELETE	5.1 TITL	i		☐ Change	Addition
NAME			5.2 NAM				
STREET ADDRESS				EET ADORESS			
C/TY-ST-ZIP			5.4 CIT	Y-ST-ZIP		Change	T Addition
TITLE		☐ DELETE	6.2 NA			□ cusude	☐ Addition
NAME			1	EET ADDRESS			1
STREET ADDRESS	İ		00010	FFI MUDINESS			l l

CITY-ST-ZIP 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.

6.4 CfTY-ST-ZfP

SIGNATURE: