FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 714905

915 BUILDING INC.

Principal Place of Busines
915 JEFFERSON AVE.
MIAMI BEACH FL 33139

Mailing Address

915 JEFFERSON AVE. MIAMI BEACH FL 33139

FILED Mar 02, 1999 8:00 am Secretary of State

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2. Principal Pl	ace of Business	\vdash	2a. Mailing Address				3. Date Incorporated or Qualifed 07/08/1968			
21		26								
Suite, Apt.	#, etc.	├	e, Apt. #, etc.				4. FEI Number Applied For NOT APPLICABLE. Not Applicable			
22		27								
City & State	9	City	& State				5. Certificate of Status Desired			
Zip				Count	try		6. Election Campaign Financing \$5.00 May Be			
·	25	29	30	5			Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
		_ 		1	31 1	Name				
DDIETO O	PRIETO, GERARDO C.									
				18	82 Street Address (P.O. Box Number is Not Acceptable)					
	rson ave.			5	33					
#3-A							· · · · · · · · · · · · · · · · · · ·			
MIAMI BEA	NCH FL 33139			8	34 (City	FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE										
SIGNATORE	Signature, typed or printed name of registered agent a	and title if applica	able (NOTE: Re		gent siq	gnature required	ed when reinstating) DATE			
12.	OFFICERS AND	DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT		☐ DELETE	1.1 TITL	E	1	☐ Change ☐ Addition			
NAME	PRIETO, GERARDO C.			1.2 NAM	E					
STREET ADDRESS	915 JEFFERSON AVE.			1.3 STR	EET AD	DORESS				
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY	-ST-ZI	ıp İ	·			
TITLE	VPD		DELETE	2.1 TITU			/DT. DESTUA ALICIA			
NAME	GUILLERMO, REMIGIO			2.2 NAM	Œ	V	ARTINEZ BERTHA ALICIA			
				2.3 STR		ADDES M	ARTINEZ DER MANTE			
STREET ADDRESS	915 JEFFERSON AVE			2.4 CIT		a a	15 JEFFERSON AVE MIAMI BEACHFL			
CITY-ST-ZIP	MIAMI BEACH FL		DELETE	3.1 TITL		4P -4	☐ Change ☐ Addition			
TITLE	SD		- Deceit	l						
NAME	WOLCOTT, NANCY M.			3.2 NAM		1				
STREET ADDRESS	915 JEFFERSON AVE.			3.3 STR	EETAD	DORESS :				
CITY-ST-ZIP	MIAMI BEACH FL			3.4. CIT		ZIP	CT Chance CT Addition			
TITLE	D		☐ DELETE	4.1 TITU	E	ļ	☐ Change ☐ Addition			
NAME	Kaufman, Hank			4. 2 NAA	Æ	İ				
STREET ADDRESS	915 JEFFERSON AVE			4.3 STR	EET AD	DDRESS				
CITY-ST-ZIP	MIAMI BCH_FL			4.4 CITY	/-ST-Z	IP				
TITLE			☐ DELETE	5.1 T(T)	E	1	☐ Change ☐ Addition			
NAME				5.2 NAM	ΙE					
STREET ADDRESS				5.3 STR	EET AC	DORESS				
CITY-ST-ZIP				5.4 CITY		<u>up</u>				
TITLE			☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition			
NAME				6.2 NAW	Æ	}				
STREET ADDRESS				6.3 STR	EET AC	DDRESS				
STREET ADDRESS						- 1	·			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address, with all other like empowered.

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