

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90035 022 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004032**

1. Corporation Name  
**CONSOLIDATED DEVELOPMENT CORPORATION**



Principal Place of Business 501 BRIKELL KEY DR STE 504 MIAMI FL 33131 US	Mailing Address POB 143-557 CORAL GABLES FL 33114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2655 LE SEUNE ROAD</b> Suite, Apt. #, etc. 22 <b>500</b> City & State 23 <b>CORAL GABLES, FLA</b> Zip 24 <b>33134</b> Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>08/07/1996</b>	4. FEI Number <b>59-1089768</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GUTIERREZ, NICOLAS J JR. ESQ**  
**501 BRICKELL KEY DR**  
**STE 504**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>DIAZ MASVIDAL ALBERTO</b>	85 Zip Code <b>33134</b>
82 Street Address (P.O. Box is Not Acceptable) <b>2655 LE SEUNE ROAD, SUITE 500</b>	
83 City <b>CORAL GABLES, FLA</b>	
84 State <b>FL</b>	

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]* **DIAZ MASVIDAL ALBERTO** 4/26/99  
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	DC	<input type="checkbox"/> DELETE
NAME	CRICHTON, JACK	
STREET ADDRESS	10830 N CENTRAL EXPWY, STE 175	
CITY-ST-ZIP	DALLAS TX	
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	DIAZ MASVIDAL, ALBERTO	
STREET ADDRESS	11105 SW 133 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	DIAZ MASVIDAL, ALBERTO	
STREET ADDRESS	11105 SW 133 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ MASVIDAL, GERTRUDE	
STREET ADDRESS	11105 SW 133 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, NICOLAS J JR	
STREET ADDRESS	501 BRIKELL KEY DR., SUITE 504	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VS GUTIERREZ NICOLAS</b>
5.3 STREET ADDRESS	<b>1101 BRICKELL AVE. SUITE 500</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FLA 33131</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **DIAZ MASVIDAL ALBERTO** 4/26/99 (305) 388 5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)