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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90114 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L36222**

1. Corporation Name
700 COMMODORE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 201 SEVILLA AVE, SUITE 302, CORAL GABLES 33 33134 US
 Mailing Address: 201 SEVILLA AVE, SUITE 302, CORAL GABLES 33 33134 US

3. Date Incorporated or Qualified
12/11/1989

2. Principal Place of Business: 21 8190 N.W. 66th Street
 2a. Mailing Address: 26 8190 N.W. 66th Street

4. FEI Number: **65-0192657**
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22
 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

City & State: 23 Miami, FL
 City & State: 28 Miami, FL

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

Zip: 24 33166 Country: 25
 Zip: 29 33166 Country: 30

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRERAS, RAUL JR
 999 PONCE DE LEON BOULEVARD
 SUITE 720
 CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, ALBERTO I	
STREET ADDRESS	201 SEVILLA AVE, #302	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, ANA L	
STREET ADDRESS	201 SEVILLA AVE 302	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, DE LOPEZ M	
STREET ADDRESS	201 SEVILLA AV 302	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, ALBERTO C	
STREET ADDRESS	201 SEVILLA AVENUE SUITE 302	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BUSTAMANTE, GLADYS M	
STREET ADDRESS	201 SEVILLA AVENUE SUITE 302	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8190 N.W. 66th Street
1.4 CITY-ST-ZIP	Miami, FL 33166
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8190 N.W. 66th Street
2.4 CITY-ST-ZIP	Miami, FL 33166
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8190 N.W. 66th Street
3.4 CITY-ST-ZIP	Miami, FL 33166
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	8190 N.W. 66th Street
4.4 CITY-ST-ZIP	Miami, FL 33166
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	8190 N.W. 66th Street
5.4 CITY-ST-ZIP	Miami, FL 33166
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 trustee 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: **ALBERTO BUSTAMANTE I.** April 2, 1999 (305) 448-8811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)