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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 191123

1. Corporation	Name LO 120							
FCHART	E - MORINI REALTY, INC.							
2010011							LIBRO BUBUI BUBUI BUBUI BI	(8) 8(8) 188
Principal Place	e of Rusiness	Mailing A	ddress				11211 81811 81811 81811 BI	(811 B181) 1881
•								
2601 S. BAYSHORE DRIVE 2601 S. BAYSHORE DRIVE SUITE 1139 SUITE 1139								
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						07/30/1990		
2. Principal P	lace of Business	2a. Mailin	g Address			4. FEI Number	Apr	plied For
21		26				65-0217525	Not	t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	•	27				5. Certificate of otation besired	Fee Red	beriup
City & Stat	e	City 8	. State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the current year		
24	25	29	3	0 .		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	ıt Registered /	Agent		,	10. Name and Address of New Registe	red Agent	
				81	Name			
	ARTE, MIGUEL			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
2601 S. BAYSHORE DRIVE								
COCONUT GROVE FL 33133				83				
				0.4	C.4.		85 Zip C	`ode
				84	City		FL S Z P C	,ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8. Florida Statutes	the above	e-named col	rporation submits this statement for the purpo-	se of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Suc	:h change was a⊔t	horized by	the corpora	tion's board of directors. I hereby accept the a	ippointment as reg	jistered
agent. 1 a	m familiar with, and accept the obliga	mons or, section	M 607.0303, 1 Idile	ia Siziules	•			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicat	ole. (NOTE: R	egistered Ager	nt signature requi	ired when reinstating) DAT	E	
12.		ND DIRECTOR:		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	Р		☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME				1.2 NAME				
STREET ADDRESS	ACCA O DAVOUODE DD			1.3 STREET	T ADDRESS			ļ
CITY-ST-ZIP	COCONIT COOVE EL 22422			1.4 CITY+S	T-ZIP			ł
TITLE			2.1 TITLE			☐ Change	Addition	
NAME				2.2 NAME				
STREET ADDRESS					T ADDRESS			ĺ
	_		_	2.4 CITY-S			_	
CITY-ST-ZIP TITLE			3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME				Ĭ	
					TADORESS			
STREET ADDRESS					j			
CITY-ST-ZIP	-		☐ DELETE	3.4. CTTY- S 4.1 TITLE	51-ZP		☐ Change	Addition
TITLE					1			_
NAME				4. 2 NAME	TADDRESS			
STREET ADDRESS				1	TADDRESS			ļ
CITY-ST-ZIP	- 4.8		☐ DELETE	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			□ ocreic	5.1 TITLE 5.2 NAME			Onlinge	
NAME				1	T 4DDDDC00	·		
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			C per exe	5.4 CITY-S	1-ZIP		Change	Addition
TITLE			☐ DELETE	6.1 TITLE			☐ Change	
NAME	}			6.2 NAME	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 his 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE RE

25/13/8