

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90019 003 ***150.00

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DOCUMENT # P93000075739

1. Corporation Name

REAL ESTATE CONCEPTS, INC



Principal Place of Business

1110 BRICKELL AVE
#512
MIAMI FL 33131
US

Mailing Address

1110 BRICKELL AVE
#512
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1993

4. FEI Number

65-0462517

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 1627 Brickell Ave #2803

2a. Mailing Address

26 1627 Brickell Ave

Suite, Apt. #, etc.

22 2803

Suite, Apt. #, etc.

27 2803

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33129

Country

25 USA

Zip

29 33129

Country

30 USA

9. Name and Address of Current Registered Agent

GLOTTMANN, SIMON

743 N.W. 9TH AVE., #R
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1627 Brickell Ave., Ste 2803

84 City Miami

FL

85 Zip Code 33129

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

TITLE PT
NAME GLOTTMANN, SIMON
STREET ADDRESS 1110 BRICKELL AVE SE 512
CITY-ST-ZIP MIAMI FL 33131

TITLE VS
NAME GLOTTMANN, EVA
STREET ADDRESS 1110 BRICKELL AVE STE 512
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1627 Brickell Ave. Ste 2803
1.4 CITY-ST-ZIP Miami, FL 33129

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1627 Brickell Ave., Ste 2803
2.4 CITY-ST-ZIP Miami, FL 33129

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Simon Glottmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

(305) 854-5503

Date

Daytime Phone #

CR2E034 (11/98)