## CR2E034 (11/98)

## 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

DOCUMENT #	P96000026127
1. Corporation Name	1 OOCOOCEO IEI

GNA PROPERTY MANAGEMENT, INC.

Principal	Place	of	Business		

CITY-ST-ZIP

## FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90013 034 \*\*\*150.00



Principal Place of Business Mailing Address										
		04 n.e. 115th St. Iami Fl 33161			DO NOT WRITE IN THIS SPACE					
						1	Date Incorporated or Qualifed 03/20/1996	٠		
2. Principal Place of E	Business	2a	. Mailing Address			4.	FEI Number	L	Applied For	
1		26					65-0666195		Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		28	City & State	,		6.	Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees	
Zip 4	Country 25	29	Zip Cou	intry	,	8.	This corporation owes the current year In Personal Property Tax.	ntangible Ye:	_	
9. Name and Address of Current Registered Agent			1	10. Name and Address of New Registered Agent						
EVANS, DONALD G JR 1004 N.E. 115TH ST. MIAMI FL 33161		81								
		82	82 Street Address (P.O. Box Number is Not Acceptable)							
			83							
				84	′		F		Zip Code	
office or registered	d agent, or both, in the State of	Flori	607.1508, Florida Statutes, the a da. Such change was authorized , Section 607.0505, Florida Stat	d by	the corporation	ration n's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appe	of changi pintment	ng its registered as registered	
SIGNATURE	4				at elementure required t		pinetation) DATE			

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE Prysiding & Dirictor 1.1 TITLE TITLE EVANS, DONALD G 1.2 NAME NAME 175 N.W. 139TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33168** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CfTY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 6.1 TILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: