PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097965

1. Corporation Name

INDIGO PROPERTIES, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90002 028 ***150.00



Principal Place of Business Mailing Address								
3211 PONCE DE LEON BOULEVARD 3211 PONCE DE LEON BOULEVARD								
SUITE 303					DO NOT WRITE IN THIS SPACE			
CORAL GABLES FL 33134 CORAL GABLES FL 33134					3. Date Incorporated or Qualified			
					12/03/1996		Į	
2. Principal Place of Business 2a. Mailing Address					12/00/ 1950 4. FEI Number	Ann	olied For	
				اا	65-0732270		Applicable	
				Blod.	00 0/322/0	\$8.75 A		
			M-A		5. Certifcate of Status Desired	Fee Rec	I .	
			<u>د ، ، .</u>	•	6. Election Campaign Financing	\$5.00		
					Trust Fund Contribution	Added to		
23 CO(A					This corporation owes the current year			
— <u> </u>	O 8			Α	Personal Property Tax.		<u> </u>	
24 52	9. Name and Address of Current		<u> </u>	N /	10. Name and Address of New Registere	ed Agent		
	3. Haine and Address of Current		81	Name	· · · · · · · · · · · · · · · · · · ·	7		
CORPORATE CREATIONS ENTERPRISES, INC.					Marit S.			
4521 PGA BOULEVARD				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 211			83			-/	-	
PALM BEACH GARDENS FL 33418			33			1		
FALI	W BEACH GAMBENO IE 30410		84	City		85 Zip C	ode	
					<u> </u>	· L	ragiotarad	
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	``		signature req	uired when reinstating) DATE A DDITIONOGENANCES TO OFFICE DS	AND DIRECTOR	20 IN 12	
12.			13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	D		1.1 TITLE		Secretary (S)			
NAME	SANCHEZ, ALEJANDRO G		1.2 NAME		Michelle T. Hodrigue 3211 Ponce De Leon Blud., 8	wite M.	\	
STREET ADDRESS			1.3 STREET ADDRESS		25// 10/105 25 25/1 5/20/3		-	
CITY-ST-ZIP			1.4 CITY-ST	-ZIP	corn Gables, FC 33134	↑ Change	☐ Addition	
TITLE		☐ DELETE	2.1 TITLE			□ cuange	☐ Addition	
NAME			2.2 NAME	İ				
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		- <u>-</u> -	- Change	Addition.	
NAME	3.21		3.2 NAME					
STREET ADDRESS	33		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST	- ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME				}	
STREET ADDRESS			4.3 STREET	ADDRESS			}	
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME			•	ł	
STREET ADDRESS			5.3 STREET	ADDRESS			ſ	
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 πτLE			Change	Addition	
NAME			6.2 NAME				ľ	
STREET ADDRESS			6.3 STREET	ADDRESS				
STREET ADDRESS			6.4 CITY-ST					
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 of an attachment with an address, with all other like empowered.

SIGNATURE: