PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098199

1. Corporation Name

MIMI JONES REALTY, INC.

| | | | | | il |
|--|--|--|--|--|-------------|
| Principal Place of Business | | Mailing Address | | T (0511121 :10 totta ottit ostit ootit oot | ••• |
| 1935 NE 167 ST | | 1935 NE 167 ST | | | |
| N MIAMI BEACH FL 33162 | | N MIAMI BEACH FL 33162 | | DO NOT MIDITE IN THIS SPACE | |
| US | | บร | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualifed | |
| | | Los Mallins Address | | 12/04/1996 4. FEI Number Applied For | - |
| | ace of Business | 2a. Mailing Address | | | |
| 21 | 44 | 26 Suite, Apt. #, etc. | | 65-0715292 Not Applical \$8.75 Additional | \neg |
| Suite, Apt. i | #, etc. | <u> </u> | | 5. Certificate of Status Desired Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing S5.00 May Be | \dashv |
| 23 | | 28 | | Trust Fund Contribution Added to Fees | i |
| Zip | Country | Zip | Country | This corporation owes the current year Intangible | ⊣ |
| 24 | 25 | 29 3 | آه | Personal Property Tax. Yes ZNo | |
| | 9. Name and Address of Curre | [I | | 10. Name and Address of New Registered Agent | |
| 0011 | | | 81 Name | of DON RICHARD A | |
| | DEN, RICHARD A | | 82 Street Addi | ress (P.O. Box Number is Not Acceptable) | |
| */· = = | 10 BISCAYNE BLVD, SUITE 301 | | $\perp \!\!\! \perp \!\!\! \backslash \Sigma \!\!\! \backslash \Sigma$ | 00 BISCAYNE BLUD Suite S | 20 |
| N MI | IAMI FL 33181 | | 83 1100 | The MAN 18/18 33/8/ | |
| | | | 84 City | 85 Zip Code | |
| | | | | <u> </u> | |
| | | | | | |
| office or re | egistered agent, or both, in the State | e of Florida. Such change was auth | nonzed by the corporati | poration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered | ed |
| office or re agent. I ar SIGNATURE | egistered agent, or both, in the Stat m familiar with, and accept the oblig | e of Florida. Such change was autr pations of, Section 607.0505, Florid | nonzed by the corporation is a Statutes. | on's board or directors. I hereby accept the appointment as registered | ed |
| office or re agent. I an | egistered agent, or both, in the Statt m familiar with, and accept the oblig Signature, typed or printed name of registered eg | e of Florida. Such change was auth jations of, Section 607.0505, Florid jent and title if applicable. (NOTE: Ri | nonzed by the corporation a Statutes. egistered Agent signature require | on's board of directors. Thereby accept the appointment as registered advisor reinstating) DATE | |
| office or reagent. I an SIGNATURE | agistered agent, or both, in the Statt m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A | e of Florida. Such change was auth pations of, Section 607.0505, Florid pent and title if applicable. (NOTE: RI IND DIRECTORS | nonzed by the corporation of the | on's poard of directors. Thereby accept the appointment as registered so when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 2 |
| office or reagent. I an SIGNATURE 12. | agistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A | e of Florida. Such change was auth jations of, Section 607.0505, Florid jent and title if applicable. (NOTE: Ri | egistered Agent signature require 13. 1.1 TITLE | on's board of directors. Thereby accept the appointment as registered advisor reinstating) DATE | 2 |
| office or reagent. I an SIGNATURE 12. TITLE NAME | agistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A PSTD JONES, MIRLANDE | e of Florida. Such change was auth pations of, Section 607.0505, Florid pent and title if applicable. (NOTE: RI IND DIRECTORS | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME | on's poard of directors. Thereby accept the appointment as registered so when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 2 |
| office or reagent. I are SIGNATURE 12. TITLE NAME STREET ADORESS | agistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agents of PSTD JONES, MIRLANDE 1748 NE 146 ST | e of Florida. Such change was auth pations of, Section 607.0505, Florid pent and title if applicable. (NOTE: RI IND DIRECTORS | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | on's poard of directors. Thereby accept the appointment as registered so when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 2 |
| office or reagent. I ar SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP | agistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agents of PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 | e of Florida. Such change was auti- jations of, Section 607.0505, Florid jent and title if applicable. (NOTE: R- ND DIRECTORS DELETE . | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | on's board of directors. Thereby accept the appointment as registered ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change | Z dition |
| office or reagent. I are agent. I are SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE | agistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agents of PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 | e of Florida. Such change was auth pations of, Section 607.0505, Florid pent and title if applicable. (NOTE: RI IND DIRECTORS | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | on's poard of directors. Thereby accept the appointment as registered so when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | Z dition |
| office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY | e of Florida. Such change was auti- jations of, Section 607.0505, Florid jent and title if applicable. (NOTE: R- ND DIRECTORS DELETE . | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | on's board of directors. Thereby accept the appointment as registered ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change | Z dition |
| office or reagent. I are agent. I are selected and agent. I are selected and agent and agent age | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | e of Florida. Such change was auti- jations of, Section 607.0505, Florid jent and title if applicable. (NOTE: RI ND DIRECTORS DELETE . | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | on's board of directors. Thereby accept the appointment as registered ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change | Z dition |
| office or reagent. I are agent. I are agent. I are select according to the sel | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY | a of Florida. Such change was autigations of, Section 607.0505, Florid pent and title if applicable. (NOTE: Ri ND DIRECTORS DELETE DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | on's board of directors. Thereby accept the appointment as registered ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add | 2 dition |
| office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP, TITLE | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | e of Florida. Such change was auti- jations of, Section 607.0505, Florid jent and title if applicable. (NOTE: RI ND DIRECTORS DELETE . | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | on's board of directors. Thereby accept the appointment as registered ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add | 2 dition |
| office or re agent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | a of Florida. Such change was autigations of, Section 607.0505, Florid pent and title if applicable. (NOTE: Ri ND DIRECTORS DELETE DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | on's board of directors. Thereby accept the appointment as registered ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add | 2 dition |
| office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | a of Florida. Such change was autigations of, Section 607.0505, Florid pent and title if applicable. (NOTE: Ri ND DIRECTORS DELETE DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | on's board of directors. Thereby accept the appointment as registered ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add | 2 dition |
| office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP, TITLE NAME STREET ADDRESS CITY-ST-ZIP, TITLE NAME STREET ADDRESS CITY-ST-ZIP, | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | a of Florida. Such change was autigations of, Section 607.0505, Florid perit and title if applicable. (NOTE: RIND DIRECTORS DELETE DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | on's board of directors. Thereby accept the appointment as registered advisor reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add | 2 dition |
| office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | a of Florida. Such change was autigations of, Section 607.0505, Florid pent and title if applicable. (NOTE: Ri ND DIRECTORS DELETE DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | on's board of directors. Thereby accept the appointment as registered advisor reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add | 2 dition |
| office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME NAME NAME | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | a of Florida. Such change was autigations of, Section 607.0505, Florid perit and title if applicable. (NOTE: RIND DIRECTORS DELETE DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | on's board of directors. Thereby accept the appointment as registered advisor reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add | 2 dition |
| office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADORESS CITY-ST-ZIP 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 | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | a of Florida. Such change was autigations of, Section 607.0505, Florid perit and title if applicable. (NOTE: RIND DIRECTORS DELETE DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 | on's board of directors. Thereby accept the appointment as registered advisor reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add | 2 dition |
| office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME NAME NAME | agistered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PSTD JONES, MIRLANDE 1748 NE 146 ST N MIAMI FL 33181 V LOUHISDON, GUY 1748 NE 146 ST | a of Florida. Such change was autigations of, Section 607.0505, Florid perit and title if applicable. (NOTE: RIND DIRECTORS DELETE DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | on's board of directors. Thereby accept the appointment as registered advisor reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add Change Add | Z dition |

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 appear with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CfTY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90072 040 ***150.00

CONTRACTOR DE LA PROPERTIE DE