

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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04-29-1999 90237035***158.75
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000032939

1. Corporation Name
CORNERSTONE HERON POINTE, INC.

Principal Place of Business
2121 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES FL 33134
US

Mailing Address
100 S E SECOND ST
SUITE 3500
MIAMI FL 33131
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified
04/11/1997

4. FEI Number
APPLIED FOR

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

9. Name and Address of Current Registered Agent
WOLFE, LEON J ESQ
100 S E 2ND ST
SUITE 3500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MADES, MARA S	
STREET ADDRESS	2121 PONCE DE LEON BLVD.PENTHOUSE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEYERS, STUART I	
STREET ADDRESS	2121 PONCE DE LEON BLVD , PENTHOUSE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	LOPES, JORGE	
STREET ADDRESS	2121 PONCE DE LEON BLVD , PENTHOUSE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

JL 5/27

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 trustee 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 change J, or on an attachment with an address, with all other like empowered

SIGNATURE: *Jorge Lopes* - *Jorge Lopes* - *4/11/99* *305-443-8288*
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

CR2E034 (11/98)

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

CORNERSTONE HERON POINTE, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

2121 Ponce de Leon Blvd., #650

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Coral Gables, FL 33134

5b City, state, and ZIP code

6 County and state where principal business is located

Dade County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶

Stuart I. Meyers, President

104-30-4245

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN)

Partnership

REMIC

State/local government

Other nonprofit organization (specify) ▶

Other (specify) ▶

Personal service corp.

Limited liability co.

National Guard

Estate (SSN of decedent)

Plan administrator-SSN

Other corporation (specify) ▶

Trust

Federal Government/military

Farmers' cooperative

Church or church-controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (Check only one box.)

Started new business (specify) ▶

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶

Changed type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

4/11/97

11 Closing month of accounting year (See instructions.)

December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶

6/1/98

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ▶

Nonagricultural

Agricultural

Household

2

14 Principal activity (See instructions.) ▶

real estate

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale)

Public (retail)

Other (specify) ▶

N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 443-8080

Fax telephone number (include area code)

(305) 443-9339

Name and title (Please type or print clearly.) ▶ Stuart I. Meyers, President

Signature ▶

Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying