


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

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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90266 009 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000049427**

1. Corporation Name  
**BROWNSVILLE GARDENS, INC.**



Principal Place of Business  
**7130 SW 43RD ST  
 MIAMI FL 33135**

Mailing Address  
**7130 SW 43RD ST  
 MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |  |                               |
|--------------------------------|--|---------------------|--|--|-------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br><b>06/01/1998</b>   |                               |
| 21                             |  | 26                  |  | 4. FEI Number<br><b>65-0845092</b>   | Applied For<br>No: Applicable |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |                               |
| City & State                   |  | City & State        |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |                               |
| 22                             |  | 27                  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| 23                             |  | 28                  |  |  |                               |
| 24                             |  | 29                  |  |  |                               |

|  |  |  |  |  |                          |             |                 |
|--|--|--|--|--|--------------------------|-------------|-----------------|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent           |                          |             |                 |
| <b>DIENSTAG, MARK A ESQ.<br/>                 21 SE 1ST AVE, STE 800<br/>                 MIAMI FL 33130</b> |  |  |  | 81 Name  | <b>HUMBERTO MARTINEZ</b> |             |                 |
|  |  |  |  | 82 Street Address (P.O. Box: Number is Not Acceptable) | <b>7130 SW 43RD ST</b>   |             |                 |
|  |  |  |  | 83   |                          |             |                 |
|  |  |  |  | 84 City  | <b>MIAMI</b>             | 85 Zip Code | <b>FL 33155</b> |

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: *Humberto Martinez* **HUMBERTO MARTINEZ** DATE: **4/23/99**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MARTINEZ, FERNANDO J</b>                          | 1.2 NAME  | <b>MARTINEZ, HUMBERTO</b>  |
| STREET ADDRESS             | <b>7130 SW 43RD ST</b>                               | 1.3 STREET ADDRESS                                    | <b>7130 SW 43 ST</b>   |
| CITY-ST-ZIP                | <b>MIAMI FL 33135</b>                                | 1.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33155</b>  |
| TITLE                      | <b>SD</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MARTINEZ, ALICIA</b>                              | 2.2 NAME  | <b>AMERICA MARTINEZ</b>  |
| STREET ADDRESS             | <b>7130 SW 43RD ST</b>                               | 2.3 STREET ADDRESS                                    | <b>7130 SW 43 ST</b>   |
| CITY-ST-ZIP                | <b>MIAMI FL 33135</b>                                | 2.4 CITY-ST-ZIP                                       | <b>MIAMI, FL 33155</b>   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MARTINEZ, HUMBERTO</b>                            | 3.2 NAME  | <b>MARTINEZ, HUMBERTO J.</b>   |
| STREET ADDRESS             | <b>7130 SW 43RD ST</b>                               | 3.3 STREET ADDRESS                                    | <b>7800 SW 91 AVE</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL 33135</b>                                | 3.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33155</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 4.1 TITLE   | <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  | <b>MARTINEZ, GREGORY P.</b>  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | <b>7800 SW 91 AVE</b>  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33155</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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: *Humberto Martinez* **HUMBERTO MARTINEZ** DATE: **4/23/99** (305) 669-9244

CR2E034 (11/98)