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

PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800090280

1. Corporation Name

AMANDALYN REALTY CORP.

Principal Place of Business C/O-GREGG 8 -TRUXTON: ESQ.

CORAL GABLES FL 33134

2121 PONCE DE LEON BLVD .- STE. 600

Mailing Address

C/O GREGG S. TRUXTON, ESO. 2121 PONCE DE LEON-BLVD., STE. 600 CORAL GABLES FL 33134

May 05, 1999 8:00 am Secretary of State

05-05-1999 90001 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/22/1998

		Mw -								
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	0.600		Ap	plied For	
21 9500	500 South Kendall Drive 26 9500 South Kends			-Drive	65-087	3600		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of	Status Desired		\$8.75 A		
22 Suite	702	27 Suite 702			5. Certificate of	Status Desired		Fee Re	quired	
City & State City & State					6. Election Can	npaign Financing		\$5.00	May Be	
23 Miami		28 Miami, FL			Trust Fund C	Contribution	ш	Added t	o Fees	
Zip	Country Zip Cou									
24 33156	25 US	29 33156	30 US		Personal Pro			☐ Yes	☑No -	
JJIJ0	9. Name and Address of Current		<u> </u>		10. Name and A	Address of New	Registered	Agent		
					81 Name					
TRUXTON, GREGG S ESQ					82 Street Address (P.O. Box Number is Not Acceptable)					
2121 PONCE DE LEON BLVD., STE. 600				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
	1,5 55 1,5									
			84	City	<u></u>		FL	85 Zip (Code	
				<u> </u>	41			e	rogistored	
office at t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Fiorida. Such change was a	utnorized by	tne corpora	tion's board of directo	rs. I hereby acce	pt the appo	intment as re	gistered	
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ager	it signature requi	ired when reinstating)		DATE			
12.	OFFICERS AND		13.			HANGES TO OF	FICERS A			
TITLE		☐ DELETE	1.1 TITLE	P.	/S/T/D			Change	X Addition	
NAME			1.2 NAME	L	arkin, Jere	my S.				
STREET ADDRESS			1.3 STREET				ive. S	uite 70	2	
CITY-ST-ZIP			1.4 CITY-S	1-ZIP MÎ	500 South K iami, FL 33	156	Y			
TITLE	:	☐ DELETE	2.1 TITLE			Boulevand)	Change	☐ Addition	
NAME			2.2 NAME		Datae lanc	JUNE 1 CHI				
STREET ADDRESS	4		2.3 STREET	TADORESS						
			2. 4 CITY-S							
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	,,		-		Change	Addition	
	•		3.2 NAME							
NAME				TADDRESS						
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	51-ZIP		_		Change	Addition	
TITLE		☐ NETEIR	4.1 TITLE						L.J. 102.2311	
NAME	,		4. 2 NAME							
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				Chanes	Addition	
TITLE		☐ DELETE	5.1 TITLE	Ì				Change	F"] Actuacu	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		_				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRESS						
CITY-ST-ZIP			6.4 CITY-S	1-ZIP						

I hereby certify that the information supplied with this fifting 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 supplimental 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 helreceiver of 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 attagraph with an address, with all other like empowered.

SIGNATURE: