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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

· Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S75285

1. Corporation Name

PACIFIC REAL ESTATE MANAGEMENT CORPORATION

	*								
Principal Place	e of Business	Mailing Address					D) D)) DIDII UI	gii airti didii di	I BRA DI DI II ABBA
•		2490 CORAL WAY							
2490 CORAL W STE. 403	A1 .	STE. 403							
MIAMI FL 33145	5	MIAMI FL 33145	MI FL 33145			DO NOT WRITE IN THIS SPACE			
US	•	US				3. Date Incorporated or Qualifed			
						08/21/1991			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			olied For
21 .		26				65-0278101	-		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	I
22	2	City & State			<u></u>	C Floring Committee Financian			
City & State	e ; ; ;	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	· .
Zip	Country	Zip	Countr			8. This corporation owes the curre	nt veer Inte		
24	25		30	,		Personal Property Tax.	in year inc		□No
24	9. Name and Address of Current		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10. Name and Address of New Ro	egistered /	Agent	
	. 110.110 0110 1100 01		8	1 Name	•				
MUR	KAI, WALD, BIONDO & MORENO,	P.A.	L			(2.0.0.1)	<u></u>		
25 SE 2ND AVENUE		82 Str		2 Stree	t Addre	ss (P.O. Box Number is Not Acceptal	bie)		
900 INGRAHAM BLDG.			8:	3			-		
MIAN	VII FL 33131							lI	
	1		84	4 City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute:	s, the abo	ve-name	d corpo	ration submits this statement for the p	numose of	changing its	registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was au	thorized by	y the cor	poration	n's board of directors. I hereby accept	t the appoir	ntment as reg	jistered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607,0505, Flori	ua Statute	5.]
_									1
SIGNATURE	Stonehure, typed or printed name of registered agen	t and title if apolicable. (NOTE: 8	Registered Ag	ent signature	e required :	when reinstating)	DATE		
_	Signature, typed or printed name of registered agen OFFICERS AN		Registered Ag	ent signature	e required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME	OFFICERS AND DP ISAIAS, ROBERTO 2800 PONCE DE LEON BLVD. CORAL GABLES FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS					
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-859-9811