

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

FILED  
Feb 02, 1999 8:00 am  
Secretary of State

02-02-1999 90006 017 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S76145**  
 1. Corporation Name  
**LIMONAR DEVELOPMENT, INC.**



Principal Place of Business 260 CRANDON BLVD. SUITE 26C KEY BISCAYNE FL 33149	Mailing Address 260 CRANDON BLVD. SUITE 26C KEY BISCAYNE FL 33149
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/27/1991**

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
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4. FEI Number <b>65-0294644</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CORDOBA, MARIA C**  
**260 CRANDON BLVD #26**  
**KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 607.0502, Florida Statutes.

SIGNATURE MARIA CECILIA CORDOBA GOOD 1/7/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CORDOBA, ALFONSO	
STREET ADDRESS	260 CRANDON BLVD #26	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CORDOBA, MARIA CECILIA	
STREET ADDRESS	260 CRANDON BLVD #26	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOOD, SIDNEY S	
STREET ADDRESS	260 CRANDON BLVD. STE 26	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CORDOBA, VIRGINIA	
STREET ADDRESS	260 CRANDON BLVD. STE 26	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CORDOBA, CECILIA	
STREET ADDRESS	260 CRANDON BLVD. STE 26	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE-PRESIDENT/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIA CECILIA CORDOBA GOOD
2.3 STREET ADDRESS	260 CRANDON BOULEVARD, # 26
2.4 CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Maria Cecilia Cordoba Good 1/7/99 325-361-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)