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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000003092 (2)

## **FILED** Feb 11 1998 8:00am Secretary of State

LANE	S BROTHERS PROPERTY	MANAGEMENT INC.		I INDIFERRI FIR FRIBE FINI BEHIL BOHIL BOHIL BO	I ABIDA ÁNIN BANK IBNA NÁK IBAI
Principal Place of Business Mailing Address					
42 S.W. 18TH ROAD 42 S.W. 18TH ROAD MIAMI FL 33129 MIAMI FL 33129					
MINIMI TE GOTES				DO NO1 WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				01/14/1993	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite Apt. #, etc.		Suite, Apt. #, etc.		65-0384758	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registers	u Agent
	LANES, JOE	LLANES, JOE			
42 S.W. 18TH ROAD				Idress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33129 83				TOS DE PLACE	
	^		84   City   H	,\MA/I	L 85 Zip Code 7
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 registers					
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 agont, 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 familial with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE ( ) A ( ) - 15-97					
		- <del> </del>	Registered Agent signature re		
12.		AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	DPT LIANES FOR	□ Office	1.1 1BLE	LLANES, JOE	Change L Addition
NAME	LLANES, JOE 42 S.W. 18TH ROAD		1.2 NAME 1.3 STREET ADDRESS	18463 SW BB DLACE	
STREET ADDRESS	MIAM! FL		1.4 CRY - ST - ZIP	18463 SW 88 PLACE MIAMI FL 33157	
CITY-ST-ZIP TITLE	DPS-	DELETE	2111116		Change Addition
NAME	LLANES, ANDREW JR		2.2 NAME		·
STREET ADDRESS	- 20700 EAGLE NEST ROA	<b>D</b>	2.3 STREET ADDRESS	•	
CITY-ST-ZIP	MAMI FL		2. 4 City - St - ZiP		
TITLE		DELFTE	3.1 1ffle		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
City-ST-ZIP		- Dourt	3 4. C/(Y-S) - 7/P		Change Addition
TITLE		☐ DELETE	4 1 TITLE		L. Criange L. FAGUIDON
NAME CTOSET ADDOSESS			4 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 DITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETÉ	51 7ITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 7IP		
<b>14.</b> I hereby (	certify that the information supplied	I with this filing does not qualify fo	r the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

nt or surguerriental attitual report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am a preation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in led, or on an attachment with an address.

LANES