

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004032 (6)
1. Corporation Name
CONSOLIDATED DEVELOPMENT CORPORATION

Principal Place of Business
19 WEST FLAGLER STREET, STE 414
MIAMI FL 33130

Mailing Address
19 WEST FLAGLER STREET, STE 414
MIAMI FL 33130
P.O. BOX 143-557
CORAL GABLES, FLA 33114

2. Principal Place of Business
21 501 BRICKELL KEY DRIVE
Suite, Apt. #, etc.
22 504

2a. Mailing Address
26 P.O. BOX 143-557
Suite, Apt. #, etc.
27

City & State
23 MIAMI, FLA

City & State
28 CORAL GABLES, FLA

Zip
24 33131

Country
25 U.S.A.

Zip
29 33114

Country
30



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/07/1996

4. FEI Number
59-1089768

Applied For
☒ Not Applicable

5. Certificate of Status Desired
☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
METSCH, LAWRENCE R
19 WEST FLAGLER STREET, STE 416
BISCAYNE BLDG.
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name NICHOLAS J. GUTIERREZ, JR. ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
501 BRICKELL KEY DRIVE, SUITE 504
83
84 City MIAMI, FLORIDA FL 85 Zip Code 33131

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 *Nicholas J. Gutierrez, Jr.* Nicholas J. Gutierrez, Jr., Esq.
Signature, typed or printed name of registered agent and (Print) Registered Agent signature required when reinstating. DATE 4/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	
NAME	CRICHTON, JACK	12 NAME	
STREET ADDRESS	10830 N CENRAL EXPWY, STE 175	13 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP	
TITLE	DPST	21 TITLE	CRO DPST
NAME	DIAZ MASVIDAL, ALBERTO	22 NAME	DIAZ MASVIDAL ALBERTO
STREET ADDRESS	19 WEST FLAGLER STREET, STE 414	23 STREET ADDRESS	11105 S.W. 133 CT
CITY-ST-ZIP	MIAMI FL 33130	24 CITY-ST-ZIP	MIAMI, FLA, 33186
TITLE	DVST	31 TITLE	NICHOLAS J. GUTIERREZ, JR.
NAME	METSCH, LAWRENCE R	32 NAME	501 BRICKELL KEY DRIVE, SUITE 504
STREET ADDRESS	19 WEST FLAGLER STREET, STE 414	33 STREET ADDRESS	MIAMI, FLA, 33131
CITY-ST-ZIP	MIAMI FL 33130	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D. GERTRUDIS
NAME	GERTRUDIS DIAZ MASVIDAL	42 NAME	DIAZ MASVIDAL
STREET ADDRESS		43 STREET ADDRESS	11105 S.W. 133 CT
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FLA, 33186
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: *Alberto Diaz Masvidal* ALBERTO DIAZ MASVIDAL 4/20/98 (305) 388-5400

CR2E034 (10/97)