Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90090 037 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M17536

1. Corporation Name

676 APARTMENTS CORPORATION

Principal Place of Business		Mailing Address		1 10010011 Jul 11011 10001 01100 11110 0111 01	me: 414:1 M(311 B)6() B	WH BIGH 1891		
676 SW 2ND STREET MIAMI FL 33130 US		8801 NW 153 TERR Miami FL 33016		DO NOT WRITE IN T	HIS SPACE		_	
					3. Date Incorporated or Qualifed 07/02/1985			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For	
21		Suite, Apt. #, etc.			59-2548208	\$8.75 A	Applicable	ł
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	Fee Re	quired	
City_&_State		City & State			6. Election Campaign Financing	\$5.00	May Be	_
23		28		-4	Trust Fund Contribution	Added to	Fees-	-
Zip	Country	Zip	Cou	ntry	This corporation owes the current year Personal Property Tax.		□No	
24	9. Name and Address of Curren		30		10. Name and Address of New Register			1
	9. Name and Address of Curren	it Kegistered Agent		81 Name	To. Teams and Albarras of their regions.			ļ
PAZ.	, Marta				(Date of the last			-
	NW 153 TERR			82 Street Addr	ess (P.O. Box Number is Not Acceptable)			ļ
MIAN	M FL 33016	•		83				
				84 City		85 Zip C	ode	
	, 1847 · · ·						registered	}
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was all	ithorized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as reg	ristered	1
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent signature required	d when reinstating) DATE			;
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	غ إ
TITLE	Р	☐ DELETE	1.1 31	TLE		Change	Addition	3
NAME	PAZ, ORLANDO		1.2 N	ME.				;
STREET ADDRESS	8801 NW 153 TERR		1.3 \$1	REET ADDRESS				إ
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY-ST-ZIP				إ
TITLE	T	☐ DELETE	2.1 Ti	n.e.		☐ Change	☐ Addition	ľ
NAME	PAZ, MARTA		2.2 N	ME	•			
STREET ADDRESS	8801 NW 153 TERR		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 C	TY-ST-ZIP	<u> </u>		——————————————————————————————————————	-
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NAME			3.2 N	ME		1 1 April		[-
STREET ADDRESS			3.3 ST	REET ADDRESS				{
CITY-ST-ZIP			3.4. C	TY-ST-ZIP				{
TITLE		. DELETE	4.1 TF	TLE		Change	☐ Addition	
NAME:		•	4.2 N	AME				Ì
STREET ADDRESS			4,3 ST	REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP		F-1 A.	□ 1.200°	-
TITLE		☐ DELETE	5,5 TI	I		Change	☐ Addition	
NAME			5.2 N			-		1
STREET ADDRESS				REET ADDRESS				1
CITY-ST-ZIP		——————————————————————————————————————		TY-ST-ZIP			- علىناد و	-
TITLE		☐ DELETE	6.1 TI			☐ Change	Addition	
NAME	ì		6.2 N	AM⊢ I				1

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM