

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90035 022 ***158.75

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1. Corporation Name

CONSOLIDATED DEVELOPMENT CORPORATION

Principal Place of Business

501 BRIKELL KEY DR
STE 504
MIAMI FL 33131
US

Mailing Address

POB 143-557
CORAL GABLES FL 33114
US

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J JR. ESQ
501 BRICKELL KEY DR
STE 504
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
DIAZ MASVIDAL ALBERTO
82 Street Address (P.O. Box Number is Not Acceptable)
2655 LE JEUNE ROAD, SUITE 500
83 CORAL GABLES, FLA
84 City
FL 85 Zip Code
33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DC
CRICHTON, JACK
10830 N CENTRAL EXPWY, STE 175
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPST
DIAZ MASVIDAL, ALBERTO
11105 SW 133 CT
MIAMI FL 33186 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEO
DIAZ MASVIDAL, ALBERTO
11105 SW 133 CT
MIAMI FL 33186 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
DIAZ MASVIDAL, GERTRUDE
11105 SW 133 CT
MIAMI FL 33186 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VS
GUTIERREZ, NICOLAS J JR
501 BRIKELL KEY DR., SUITE 504
MIAMI FL 33131 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
VS
GUTIERREZ, NICOLAS J JR
501 BRIKELL KEY DR., SUITE 504
MIAMI, FLA 33131 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIAZ MASVIDAL ALBERTO 4/26/99 (305) 388 5400

CR2E034 (1/98)