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

**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # **F48028** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90241 049 \*\*\*150.00

RANCH	INVESTMENTS, INC.							[		
Principal Place	e of Business	Mailing Address				1	ALI BIBIL SIBH BIBIL	##### <b>#</b>	pri <b>478</b> 21 1 <b>581</b>	
550 BILTMORE	WAY	550 BILTMORE WAY								
#1110 #1110						DO NOT WRITE	N THIS SPACE	:		
CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
US US						09/04/1981				
3 Deigning D	loss of Business	2a. Mailing Address				4. FEI Number		App	lied For	
<b>→</b> .	lace of Business	¬				59-2136779		+ ••	Applicable	
Suite, Apt.	Suite, Apt. #, etc.	etc.			_	\$8.		ditional		
22		27	27			5. Certificate of Status Desired Fee Required				
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution	☐ Ad	ded to	Fees	
Zip	Country	Zip	Countr	у		8. This corporation owes the current	_		_	
24	25	29 3	0			Personal Property Tax.	Yes	. [	⊒No	
	9. Name and Address of Current	Registered Agent	81			10. Name and Address of New Reg	istered Agent			
MEIOCHEEL B. JOSEPH I				I Name					\	
	SENFELD, JOSEPH J		82	Street	Addres	ss (P.O. Box Number is Not Acceptable	)			
	BILTMORE WAY		0.	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
STE 1120 CORAL GABLES FL 33134			83	5						
CON	IAL GABLES FE 33 134		84	City			85	Zip C	ode ·	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				l.,,		Unanabatic statement for the pur	FL O	a ite r	ogistered	
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute	S. 		is board of directors. I hereby accept the	DATE			
12.	OFFICERS AN	<del></del>	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOF	RS IN 12	
TITLE			1.1 TITLE	1.1 TITLE 1.2 NAME			☐ Cha	ange	☐ Addition	
NAMÉ			1.2 NAME							
STREET ADDRESS	550 BILTMORE WAY #1110		1.3 STREI	ET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL			ST-ZIP						
TITLE	V	☐ DELETE	2.1 TITLE				Cha	ange	☐ Addition	
NAME	STERN, RODOLFO		2.2 NAME		ļ				ļ	
STREET ADORESS	SOU DIETINGTIE VIII WITTE		2.3 STRE	ET ADORESS						
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					Addition	
TITLE	VS	☐ DELETE	3 1 TITLE				☐ Cha	ange	☐ Addition	
NAME	HORWITZ, ROBERTO		3.2 NAME		ļ					
STREET ADDRESS	sou pictimoria vista		1	ET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL	□ SEUETE	3.4. CITY-				☐ Ch	ange	Addition	
TITLE	VT	☐ DELETE	4.1 TITLE				<u> </u>	urig <del>o</del>		
NAME	SERVIANSKY, DAVID		4. 2 NAME		1				ļ	
STREET ADORESS	1 000 0.0			ET ADDRESS					ĺ	
CITY-ST-ZIP	CORAL GABLES FL	☐ DELETE	4.4 CITY- 5.1 TITLE		<del> </del>			ange	Addition	
TITLE	V CONTROLO	☐ AETE IE	5.1 HILE 5.2 NAME					- 3*		
NAME	STERN, EDUARDO			ET ADDRESS					-	
STREET ADDRESS	330 BILLIMONE WAT #1110		5.4 CITY-							
CITY-ST-ZIP	CORAL GABLES FL	ORAL GABLES FL 5.4			<b></b>		Ch	ange	Addition	
TITLE		C 2555.5	6.2 NAME					-	_	
NAME STREET ADDRESS				ET ADDRESS	-					
STREET ADDRESS CITY-ST-ZIP	1		64 CITY-						j	

14. I hereby certify that the information supplied with this ting 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 supplierie high annual peport 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 of the fedeiver of 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 stream and the same legal effect as if made under oath; that I am an officer or director of the corporation of the fedeiver of 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 phanged, or stream and the same legal effect as if made under oath; that I am an officer or director of the corporation of the fedeiver of 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 phanged, or stream of the fedeiver of trustee empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR