

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

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Mar 31, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 344524

1. Corporation Name
DEVCO LAND CORP.

Principal Place of Business
700 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address
700 NW 107TH AVENUE
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1969	
21		26		4. FEI Number 59-2375890	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCAIN, DAVID B., ESQ. 700 NW 107TH AVENUE MIAMI FL 33172				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	1.2 NAME	Miller, Leonard
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	1.3 STREET ADDRESS	700 NW 107 Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33172
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	2.2 NAME	Mc Cain, David B.
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	2.3 STREET ADDRESS	700 NW 107 Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33172
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEKOR, ALLAN J.	3.2 NAME	Qines, Marshall
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	3.3 STREET ADDRESS	700 NW 107 Ave.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33172
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTAELLA, GRACE	4.2 NAME	Miller, Stuart A.
STREET ADDRESS	700 NW 107TH AVE	4.3 STREET ADDRESS	700 N.W. 107 Ave
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33172
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MALCOLM, WAYNEWRIGHT	5.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SIERRA, E. KATHLEEN	6.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID B. MCCAIN VICE PRESIDENT

1/21/99

Date

305-229-6400

Daytime Phone #

CR2E034 (11/98)