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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 407129



FLORIDA DEPARTMENT OF STATE

Secretary of State

## Katherine Harris

DIVISION OF CORPORATIONS

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90159 001 \*3,908.75

SOUTHEASTERN FLORIDA PROPERTIES, INC. Principal Place of Business Mailing Address 11098 BISCAYNE BLVD., SUITE #402 11098 BISCAYNE BLVD., SUITE #402 N MIAMI BCH FL 33161-7489 N MIAMI BCH FL 33161-7489 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/18/1972 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 59-1419633 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible '□No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEDZOW, MICHAEL, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD SUITE 200 83 **AVENTURA FL 33180** 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change ☐ Addition DELETE TITLE 1.1 TITLE BEDZOW, CHARLES 1.2 NAME NAME 11098 BISCAYNE BLVD #402 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33161 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE BEDZOW, SARA 22 NAME NAME 11098 BISCAYNE BLVD #402 2.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33161 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE VAS BLANCO, CAMILO 3.2 NAME NAME 11098 BISCAYNE BLVD #402 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33161** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OF SIGNING OFFISER OF DIRECTOR

305-891-7987

CR2E034 (11/98)