PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 410699

1. Corporation Name

MIAMILAND INVESTMENT CORPORATION

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90036 019 ***150.00



 	 	 	,	

Principal Place	e of Business	Mailing Address							
1611 SOUTHWE	EST 32ND AVENUE	1611 SOUTHWES	T 32ND AVENUE						
MIAMI FL 3314			MIAMI FL 33145-1829			DO NOT WRITE	IN TUIC C	DACE	
							IN THIS SI	PACE	
						3. Date Incorporated or Qualifed		•	
						10/13/1972			
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number			oplied For
21		26				59-1522488			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.			5. Certifcate of Status Desired]		Additional
22		27				0. 00/4/04/05 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	<u> </u>	Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing	3		May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.		Yes	MNo
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	istered A	gent	
				81	Name	,			
VILL	aamil, anthony			-					
	1 S.W. 32ND AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable	9	:	
	MI FL 33145			83				-	
IMICAL	III 1 & 50 179			63		·			
				84	City	, ,		85 Zip	Code
							FL	<u> </u>	
office or r	edistered agent or both in the State	te of Florida. Such chan	ioe was authoriz	zea by	the corporati	rporation submits this statement for the put tion's board of directors. I hereby accept the	ne appointr	nent as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0	USUS, Florida St	atutes	· (/./	10 0 . 21	' ファ /	aG	
SIGNATURE	FINTHONY UILL	HH111/ C.		hom	7 CM	Com of	DATE /	7 / ·	
40		gent and title if applicable.		3.	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
12.		AND DIRECTORS		TITLE		ADDITIONAL PROPERTY OF THE		Change	Addition
TITLE	SD								<u></u>
NAME	VILLAAMIL,GLORIA H			2 NAME					
STREET ADDRESS	1611 SW 32ND AVE		1.3	STREE	TADORESS				
CITY-ST-ZIP	MIAMI FL 33145		1.4	CITY-S	T-ZIP				
TITLE	PD	□ D	ELETE 2.1	1 TITLE			ı	Change	Addition
NAME	VILLAAMIL,GLORIA		2.2	2 NAME					
STREET ADDRESS	4044 0141 00145 4165		2.3	STREE	TADORESS				•
CITY-ST-ZIP	MIAMI FL 33145		2.	4 CITY-S	ST-ZIP				
TITLE	INITERNIT I C OO I TO	Пп		1 TITLE			1	Change	Addition
		٥٠		2 NAME					
NAME			1		T 4D00500				
STREET ADDRESS					T ADORESS				
CITY-ST-ZIP				4. CITY-8	ST-ZIP			Change	☐ Addition
TITLE		Ų D		1 TITLE			l		
NAME			4.	2 NAME				-	
STREET ADDRESS			4 3	3 STREE	T ADDRESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE		0	DELETE 5.1	1 TITLE		•	I	☐ Change	☐ Addition
NAME			5.2	2 NAME		•		•	
STREET ADDRESS			53	3 STREE	T ADDRESS	•	•		
			54	4 CITY-S	T-ZIP				
CITY-ST-ZIP		Пп		1 TITLE	-			☐ Change	Addition
TITLE				2 NAME					
NAME									
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP			6.4	4 CITY-S	T-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.

CITY-ST-ZIP