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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## **FILED** Mar 09, 1999 8:00 am Secretary of State

DOO	1999			03-09-1999 90150 04	F/ *******1 <b>3</b> U.U	JU
	UMENT # 465839	(9) <sub>c</sub> (				
	rry Estates Corporatio	n				
_						
	Place of Business	Mailing Address				
	l S.W. 107 St.	5731 S.W. 107		<b> </b>		
Mian	mi Florida 33156	Miami Florida	33156	DO NOT WRITE IN THIS	S SPACE	
				3. Date Incorporated or Qualifed		
				12/05/1974		
	al Place of Business	2a. Mailing Address	= <del></del>	4. FEI Number	Ар	plied For
21	X 1 11	26		65-0083607		t Applicable
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & S	State	City & State		6. Election Campaign Financing	\$5.00	<u>`</u>
23		28		Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible	
24	25	_ <u>  </u>	30	Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent	-   -	10. Name and Address of New Registered	Agent	
	Rosso Jorge L.		81 Name	·		
	999 Southbay Shore Dr	ive	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	Miami Florida 33131		83		·	<del></del>
					_	
			84 City	FI	85 Zip C	ode
11 Pursua	ant to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	es, the above-named con	poration submits this statement for the oursess of	f changing its :	registered
office of	or registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was au	ithorized by the corporat	ion's board of directors. I hereby accept the appo	intment as rec	gistered
ŭ	,	ions of, Section 607.0505, Flor	iga Statutes.			
SIGNATUR	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating) DATE		<del></del>
12.	OFFICERS ANI		13.	ADDITIONING HANGES TO DEFIGED A	NO DIDECTO	
TITLE	PD Common D		_ <del> </del>	ADDITIONS/CHANGES TO OFFICERS A		
NAME	Rosso Carmen D.		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	
STREET ADDRE	1	_ 5cc	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AT		
	144 2 63 11 00160		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		
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TITLE NAME STREET ADDRE	D Rosso Jorge I. 5731 S.W. 107 St.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
TITLE	D Rosso Jorge I. 5731 S.W. 107 St. Miami Florida 33156	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE NAME STREET ADDRE CITY-ST-ZIP	D Rosso Jorge I. 5731 S.W. 107 St. Miami Florida 33156	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

(305) 374-4758