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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90011 048 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 481885

CAWY REAL ESTATE INC.

Mailing Address Principal Place of Business 100 ALMERIA AVENUE SUITE 300 100 ALMERIA AVENUE SUITE 300 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/18/1975 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1608411 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zip Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MACHADO, LOURDES B. Street Address (P.O. Box Number is Not Acceptable) 82 100 ALMERIA AVENUE SUITE 300 83 CORAL GABLES FL 33134 Zip Code 85 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 ☐ Addition Change DELETE 1.1 TITLE PTD TITLE MACHADO, LOURDES B. 1.2 NAME 1.3 STREET ADDRESS 100 ALMERIA AVE., SUITE 300 STREET ADDRESS 1.4 CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME BASTERRECHEA, FRANCISCO NAME 2.3 STREET ADDRESS 100 ALMERIA AVE., SUITE 300 STREET ADDRESS 2.4 CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE □ DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

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 charged or on an attachment with an address, with all other like empowered.

Daytime Phone #

CR2E034 (11/98)