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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 508599

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1, Corporation	di Hairie					
CARIBBEAN LAND SURVEYORS, INC.						C HARRING AT HE BOLDER HAIRE BUILD HALFO HALF BUILD HALF BUILD HALF BUILD HE BUILD BUILD HARRING BUILD HARRING
Principal Place of Business Mailing Address					( (6648) 64114 68124 (6181 61119 (8118 JEIL BIRLI	
12750 S.W. 25TH TERR. 12750 SW 25TH TER MIAMI. FL 33175 MIAMI. FL 33135						DO NOT INDIZE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
						06/04/1976
2. Principal P	Place of Business	2a, Mailing Add	ress			4. FEI Number Applied For
21		26				59-1702984 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			, etc.			\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stal	te	City & State				6. Election Campaign Financing \$5.00 May Be
23	23 28					Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	f	8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
VENI	ega,, walter e			0.	Name	
12750 S.W. 25TH TERR. MIAMI FL 33175				82	Street A	Address (P.O. Box Number is Not Acceptable)
				83		
WILES	1111 1 2 3011 3					
				84	City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607 05	502 and 607 1508. Flor	ida Statutes th	e abov	e-named o	perpenation submits this statement for the purpose of changing its registered
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such char pations of, Section 607	nge was authori 0505, Florida S	zed by statutes	the corpo	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	:					outred when reinstation) DATE
45	Signature, typed or printed name of registered ag	IND DIRECTORS	<del>-</del>	13.	nt signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PS ·			1 TITLE		Change Addition
NAME .	VENEGA, ELIA	•		.2 NAME		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			TADDRESS		
CITY-ST-ZIP				4 CITY-S		
TITLE .			2.1 TITLE		☐ Change ☐ Addition	
NAME	** *		2 NAME			
STREET ADDRESS	LANCE ALL ADDITIONS		2	3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL			.4 CfTY-	- 1	
TITLE		. 🗀 .		.1 TITLE	1	☐ Change ☐ Addition
NAME			3	.2 NAME		V (V
STREET ADDRESS	s		3	3 STREE	TADDRESS	
CITY-ST-ZIP	3.4.		4. CITY-	ST-ZIP		
TITLE			ELETE 4	.1 TITLE		☐ Change ☐ Addition
NAME			4	. 2 NAME	.	$\lambda$ $\lambda$
STREET ADDRESS	3		4	3 STREE	TADDRESS	1/2,
CITY-ST-ZIP				4 CITY-S	T-ZIP	
TITLE			ELETE 5	.1 TITLE		Change ☐ Addition

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

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

☐ Addition

May 04, 1999 8:00 am Secretary of State

05-04-1999 90051 007 \*\*\*150.00