Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90095 003 ***150.00

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 # 595111

1. Corporation Name

Principal Place of Business 220 SW 25TH TERRACE MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/06/1978 2. Principal Place of Business 2a. Mailing Address 2b. Miami FL 33133 2 Do Not WRITE IN THIS SPACE 11/06/1978 3. Date Incorporated or Qualifed 11/06/1978 4. FEI Number 59-1857941 Suite, Apt. #, etc. 50 Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Fee Required City & State Fee Required Fee Required 23	CLIFTO	n apartments, inc								
MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/06/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1857941 Suite, Apt. #, etc. Suite, Apt. #, etc. 50-1857941 Suit	Principal Plac	ce of Business	Mailing Address				18010 BILLO 1010	B((P II 018 14 010 11 0 1811 1	IION BIBN 1801
3. Date Incorporated or Qualifed 11/06/1978 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualifed 11/06/1978 4. FEI Number 59-1857941 5. Certificate of Status Desired Fee Required Fee Requi							DO	NOT WRITE IN T	HIC CDACE	
2. Principal Place of Business 2. Mailling Address 3. Mailling Address 4. FEI Number 59-1857941 Suite, Apt. #, etc. 50-1857941 Suite, Apt. #, etc. 50-185794									HIS SPACE	
Suite, Apt. #, etc.							11/06/1978	Quanted	- 	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired \$8.75 Additional Fee Required \$5.00 May Be Added to Fees \$5.	2. Principal I	Place of Business	2a. Mailing Address							
Security State City & State Trust Fund Contribution State Added to Fees	21						<u>59-1857941 </u>			
City & State Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Personal Property Tax. Name LACASA, ARMANDO E., ESQ. 3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145 B1 Name LACASA, ARMANDO E., ESQ. 3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) T1. 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 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 S1 Cara Cara Country Address (P.O. Box Number is Not Acceptable) LACASA, ARMANDO E., ESQ. 3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145 B3 Zip Code T1. 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. SIGNATURE S1 Cara Cara Cara Cara Cara Cara Cara Car	Suite, Apt	t. #, etc. <				5.	Certifcate of Status	Desired		
Trust Fund Contribution Added to Fees		<u> </u>								
Zip	_ ′	ate	⊢ ′					- 11	•	,
24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent LACASA, ARMANDO E., ESQ. 3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145 82 Street Address (P.O. Box Number is Not Acceptable) 83		·····				_			-	o Fees
9. Name and Address of Current Registered Agent LACASA, ARMANDO E., ESQ. 3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Virgorial Corporation Statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 84 City FL 85 Zip Code 15 Virgorial Statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 85 Virgorial Corporation Submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 86 Virgorial Corporation Statutes.	Zip			Country			•			_No
LACASA, ARMANDO E., ESQ. 3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE	24		<u> </u>		 					
LACASA, ARMANDO E., ESQ. 3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145 82 Street Address (P.O. Box Number is Not Acceptable) 83		9. Name and Address of Curre	nt Registered Agent	94	Name	10.	Name and Address	or New Register	eu Agent	
3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145 82 Street Address (P.O. Box Number is Not Acceptable) 83	1 40	CASA ARMANDO E ESO		انوا	Name					
MIAMI FL 33145 84 City FL 85 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					Street Add	Iress (P.O. Box Number is Not Acceptable)				
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SIGNATURE DIENIA, Parmer. Deficitering 1-20,99-				84	City				85 Zip (Code
SIGNATURE DIENIA, Parmer. Deficitering 1-20,99-	L								- L	
SIGNATURE DIENIA, Parmer. Deficiteifour 1-20.99-	'11. Pursuan office or agent. I	at to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga-	02 and 607.1508, Florida Statutes, the of Florida. Such change was authoristions of, Section 607.0505, Florida 5	ie above ized by t Statutes.	-named corporati	poration	submits this stateme ard of directors. I he	ent for the purpos- reby accept the ap	e or changing its opointment as re	registered gistered
		Sitria Patn	ner. Du	nce	Tell	ns	/-	20-99 DATE	7_ -	·
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	12							S TO OFFICERS	AND DIRECTO	RS IN 12
				1.1 TITLE						☐ Addition
NAME CUMSILLE, EMELIA 12 NAME		'	1	1.2 NAME			•			
				1.3 STREET.	ADDRESS				•	
TITLE VP DELETE 2.1 TITLE Change Addition									Change	☐ Addition
NAME DIAZ, JUAN P.		1 **		2.2 NAME						
				2.3 STREET.	ADDRESS					
										,
TITLE S DELETE 3.1 TITLE Change Addition									☐ Change	☐ Addition
NAME DIAZ, ANA MARIA 32 NAME	4.		3	3.2 NAME						•
	, ,		ľ		ADDRESS					
			3	3.3 STREET.						
Change Addition	' ; 4	2200 SW 25TH TERRACE								
■	CITY-ST-ZIP		3	3.4. CITY-ST				· · · · · · · · · · · · · · · · · · ·	Change	Addition
	CITY-ST-ZIP	2200 SW 25TH TERRACE	DELETE 4	3.4. CITY-ST 4.1 TITLE					Change	Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY-ST-ZIP	s 2200 SW 25TH TERRACE MIAMI FL 33133	☐ DELETE 4	3.4. CITY-ST 4.1 TITLE 4. 2 NAME	r-ZIP		<u>,</u>		Change .	Addition

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

. DELETE

DELETE

☐ Change

☐ Change

☐ Addition

Addition

-CR2E034 (11/98)