PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 596417

1. Corporation Name

MIDLAND PROPERTIES, INC.

Princ	ipal	F	Place	of	Business
4000	0 1	_	25126		DD

May 06, 1999 8:00 am Secretary of State

05-06-1999 90079 015 ***150.00



Principal Place	of Business	Mailing Address							
4928 S. LEJEUNE RD. 4928 S. LEJEUNE RD.									
MIAMI FL 33146 MIAMI FL 33146 US US						DO NOT WRITE IN THIS SPACE			
30	•				Date Incorporated or Qualifed 11/29/1978				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	oplied For	
21		26		_		59-2139673		ot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional	
22	27						Fee Ri	equired	
City & State City & State						6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country		Zip Country			8. This corporation owes the current y	ear Intangible ☐ Yes	□No	
24	25		10			Personal Property Tax. 10. Name and Address of New Regis			
	9. Name and Address of Curre	nt Registered Agent	81	Name		To. Hame and Address of New Kegis	tereu Agent		
ISSA	CHRISTOPHER		•.	ITAINE					
	S. LEJEUNE RD		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	M FL 33146		83	 				——— <u> </u>	
1115 1	,		03						
			84	City			FL 85 Zip	Code	
		LOOT AFOR FL. I. District	44 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	<u> </u>		ation submits this statement for the purp		registered	
office or re	edistered agent or both in the State	of Florida. Such change was au	thorized by	the com	oration	's board of directors. I hereby accept the	appointment as re	egistered	
agent. I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Flore	da Statutes	i.				• [
SIGNATURE	Signature, typed or printed name of registered age	ALCOTE: 5	Penistered Ans	nt skoosture	required v	when reinstating) D	ATE	i	
12.		ND DIRECTORS	13.	n signature		ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	SDP	☐ DELETE	1.1 TITLE		1		Change	Addition	
NAME	ISSA, CHRISTOPHER		1.2 NAME					ļ	
STREET ADDRESS	4928 S. LEJEUNE RD.		1.3 STREE	T ADDRESS				ļ	
CITY-ST-ZIP	MIAMI F 33146		1.4 CITY-S	T-ZIP				i	
TITLE	D	☐ DELETE	2.1 TITLE		t —		☐ Change	Addition	
NAME	ISSA, CHRISTOPHER		2.2 NAME		-			1	
STREET ADDRESS	4928 S. LEJEUNE RD.		2.3 STREE	T ADDRESS				ĺ	
CITY-ST-ZIP	MIAMI FL 33146		2. 4 CITY-5	ST-ZIP					
TITLE	Р	☐ DELETE	3.1 TITLE		1		Change	Addition	
NAME	ISSA, CHRISTOPHER		3.2 NAME					-	
STREET ADDRESS	4928 S. LEJEUNE RD.		3.3 STREE	T ADDRESS				1	
CITY-ST-ZIP	MIAMI FL 33146		3.4. CITY-	ST-ZIP	}				
TITLE		☐ DELETE	4.1 TITLE		1		☐ Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS				Į.	
CITY-ST-ZIP			4.4 CITY+S		İ				
TITLE		☐ DELETE	5.1 TITLE		1		Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADORESS	;]			}	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		□ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME		1			}	
PYDEET ADDRESS			6.3 STREE	TADORESS	: 1				

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

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

lee required

305 388 5221

CR2E034 (11/98)