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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90145 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 599225

1. Corporation Name

DADE PROPERTY MANAGEMENT, INC.

Principal Place of Business

 8800 S.W. 8TH STREET B-201
 % NOVEL PENABAD
 MIAMI FL 33174

Mailing Address

 8800 S.W. 8TH STREET B-201
 % NOVEL PENABAD
 MIAMI-FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1979

4. FEI Number

59-1880259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENABAD, NOVEL

~~8800 S.W. 8TH STREET~~~~MIAMI FL 33174~~

Betsy Ross Hotel

1440 Ocean Drive

Miami Beach, FL

33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

BETSY ROSS HOTEL

1440 Ocean Drive

83 City Miami Beach

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1604, 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

Novel Penabad

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PENABAD, NOVEL

STREET ADDRESS ~~8800 S.W. 8TH ST~~CITY-ST-ZIP ~~MIAMI FL~~TITLE ☐ DELETE

NAME PENABAD, ALICIA

STREET ADDRESS ~~8800 S.W. 8TH ST~~CITY-ST-ZIP ~~MIAMI FL~~TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Dade Property Mgmt.

1.3 STREET ADDRESS P.O. Box 558074

1.4 CITY-ST-ZIP Miami, FL 33255-8074

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Dade Property Mgmt.

2.3 STREET ADDRESS P.O. Box 558074

2.4 CITY-ST-ZIP Miami, FL 33255-8074

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)