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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **624122**

1. Corporation Name
FIGUEROA LAND DEVELOPMENT, CORP.



Principal Place of Business
 525 S.W. 68TH AVENUE
 MIAMI FL 33144

Mailing Address
 525 S.W. 68TH AVENUE
 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 JUAN A. FIGUEROA, P.A., C.P.A.		2a. Mailing Address 26 JUAN A. FIGUEROA, P.A., C.P.A.		3. Date Incorporated or Qualified 06/08/1979	
22 2701 S. LE JEUNE RD, STE. 310		27 2701 S. LE JEUNE RD, STE. 310		4. FEI Number 59-2723363	
23 CORAL GABLES, FLORIDA		28 CORAL GABLES, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33134		29 33134		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 U.S.A.		30 U.S.A.		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FIGUEROA, JOHN F. 300 SEVILLA AVE., STE 309 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name JUAN A. FIGUEROA, P.A., C.P.A.				82 Street Address (P.O. Box Number is Not Acceptable) 2701 S. LE JEUNE ROAD,			
83 SUITE 310				84 City CORAL GABLES FL 85 Zip Code 33134			

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 607.0705, Florida Statutes.

SIGNATURE *Juan A. Figueroa* DATE **1/6/99**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, FERNANDO	1.2 NAME	
STREET ADDRESS	5235 SW 101 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, JUAN A.	2.2 NAME	FIGUEROA, JUAN A.
STREET ADDRESS	300 SEVILLA AVE #309	2.3 STREET ADDRESS	2701 S. LE JEUNE ROAD, STE. 310
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Juan A. Figueroa* DATE: **1/6/99** DAYTIME PHONE #: **(305) 448-5844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)