

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90032 037 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/08/1979**

2. Principal Place of Business 21 <b>JUAN A. FIGUEROA, P.A., C.P.A.</b>	2a. Mailing Address 26 <b>JUAN A. FIGUEROA, P.A., C.P.A.</b>
22 <b>2701 S. LE JEUNE RD, STE. 310</b>	27 <b>2701 S. LE JEUNE RD, STE. 310</b>
23 <b>CORAL GABLES, FLORIDA</b>	28 <b>CORAL GABLES, FLORIDA</b>
24 <b>33134</b> 25 <b>U.S.A.</b>	29 <b>33134</b> 30 <b>U.S.A.</b>

4. FEI Number  
**59-2723363**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  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 **X** *Juan A. Figueroa* **X** **1/6/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>FIGUEROA, FERNANDO</b>	
STREET ADDRESS	<b>5235 SW 101 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>FIGUEROA, JUAN A.</b>	
STREET ADDRESS	<b>300 SEVILLA AVE #309</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FIGUEROA, JUAN A.</b>
2.3 STREET ADDRESS	<b>2701 S. LE JEUNE ROAD, STE. 310</b>
2.4 CITY-ST-ZIP	<b>CORAL GABLES, FL. 33134</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **X** *Juan A. Figueroa* **X** **1/6/99** : **(305) 448-5844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)