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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 661621

REAL ESTATE TRANSACTIONS, INC.

Orinainal Diag	of Durings	Mailing Addross				_						
Principal Plac		Mailing Address										
2555 COLLINS MIAMI BEACH		2555 COLLINS AVE., C-1 MIAMI BEACH FL 33140										
US	. 2 00140	MILIAM OLIVOTTE COTTO				`	DO NOT	WRIT	E IN THIS	SPACE	E	
						1	Incorporated or Qua	lifed				
2. Principal P	rincipal Place of Business 2a. Mailing Address					f 1	lumber				App	olied For
21		26			:59-1	1987913					Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certif	Certificate of Status Desired \$8.75 Addition Fee Required					
City & State		City & State			6. Electi	on Campaign Finan	cing				May Be	
23		28				Trust	Fund Contribution			Ad	ided to	Fees
Zip	Country	Zip	Cou	ntry		1	corporation owes the	curre	nt year Int			157
24	25	29	30				onal Property Tax.	D		Yes	•	X 40
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Nam	e and Address of N	iew K	egisterea	Agent		
COL	TRANE, THOMAS D.			"	Name							
	5 COLLINS AVE		ľ	82	Street Ac	dress (P.O. Bo	x Number is Not Ac	ceptal	ole)			
C-1	O COLLING AVE			20		 			-			
	MI BEACH FL 33140			83								
INITAL	MI DEACHTE 33140		ŀ	84	City					. 85	Zip C	ode
									FL	<u>. </u>		
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Star	te of Florida. Such change was	authorized	i by 1	the corner	ation's board of	directors. I hereby	accept	the appoi	ntment	as reo	istered
agent. I a	in familial with, and accept the oblig	gations of, Section 607.0505, F	lorida Statı	ıtes.		•						
agent. I a SIGNATURE						uired when reinstating	·		DATE	٠.		
	Signature, typed or printed name of registered a						i) IONS/CHANGES TO	O OFF		٠.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered	Agent			**	O OFF		٠.	сто	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NO	TE: Registered	Agent			**	O OFF		ID DIRE	сто	RS IN 12
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6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90097 012 ***150.00