

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 711734

1. Corporation Name

827 COLLINS BUILDING, INC.

Principal Place of Business

825 COLLINS AVENUE
#10
MIAMI BEACH FL 33139
US

Mailing Address

825 COLLINS AVENUE
#10
MIAMI BEACH FL 33139
US

FILED

00 JAN -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

P.O. Box 557967

Suite, Apt. #, etc.

27

City & State

28

MIAMI, FL

Zip

29

33255

Country

30

USA

3. Date Incorporated or Qualified

11/01/1966

4. FEI Number

65-0492276

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PERDIGON, JORGE

825 COLLINS AVE, APTO #10
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81

Name

Sy-LO ENTERPRISES CORP.

82

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

130 MADEIRA AVE

83

84

City

CORAL GABLES

FL

85

Zip Code

33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

10/29/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
DE SEA, RUI FRANCO
8862 SW 6 LANE
MIAMI FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
AUBREY, MARITZA
17306 SW 40 PLACE
BELLEVUE WA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TSD
PERDIGON, JORGE
825 COLLINS AVE., #10
MIAMI BEACH FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

000003096750-9
-01/12/00--01098--023
****236.25 ****236.25

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

REINSTATEMENT 99-18

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TREASURER
SUZANNE AUBREY
400 NO. SURF ROAD #403
HOLLYWOOD, FL 33021

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/99

Date

3054460333

Daytime Phone #