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Mar 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F15823

1. Corporation Name
900 PROPERTIES, INC.

Principal Place of Business
201 SEVILLA AVE.
SUITE 302
CORAL GABLES FL 33134

Mailing Address
201 SEVILLA AVE.
SUITE 302
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1981

4. FEI Number

NOT APPLICABLE

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8190 N.W. 66 STREET
Suite, Apt. #, etc.

22 City & State
23 MIAMI, FLORIDA

Zip Country
24 33166 25

2a. Mailing Address

26 8190 N.W. 66 STREET
Suite, Apt. #, etc.

27 City & State
28 MIAMI, FLORIDA

Zip Country
29 33166 30

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
25 SE 2ND AVENUE, SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME DE ORLANDINI, MARIA F
STREET ADDRESS 201 SEVILLA AVE. #302
CITY-ST-ZIP CORAL GABLES FL

TITLE SD ☐ DELETE
NAME FEBRES CORDERO, MARIA L.
STREET ADDRESS 201 SEVILLA AVE. #202
CITY-ST-ZIP CORAL GABLES FL

TITLE TD ☐ DELETE
NAME DE ORELLANA, MARIA A.
STREET ADDRESS 201 SEVILLA AVE. #302
CITY-ST-ZIP CORAL GABLES FL

TITLE PD ☐ DELETE
NAME DE BJARNER, MARIA E
STREET ADDRESS 201 SEVILLA AVE. #302
CITY-ST-ZIP CORAL GABLES FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria E. De Bjarner

3/15/99

(305) 593-0587

Date

Daytime Phone #

CR2E034 (11/98)