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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F22222

1. Corporation Name FUROATI ANTIC REALTY, INC.

Principal Place of Business Mailing Address							
1395 BRICKELL A MIAMI FL 33131 US	AVE. 3RD FL	1395 BRICKELL A' 3RD FL MIAMI FL 33131	VE		DO NOT WRITE IN THIS SP	AC	E
00		US			3. Date incorporated or Qualifed 02/27/1981		_
2. Principal Place	ce of Business	2a. Mailing Addre	ess		4. FEI Number 59-2086327	-	_
Suite, Apt. #,	, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8 F	e
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5 A	
Zip 24	Country 25	Zip 29	Country 30	ý	6. This corporation of the darrent year interest	jible] Ye	
'	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Ag	ent	
	ELL REGISTERED AGEN		81		Name Street Address (P.O. Box Number is Not Acceptable)	<u>.</u>	_
1395 (Brickell ave, 3rd fl		[
MIAMI	FL 33131		83	1			_
			84	+	City	85	_

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90149 022 ***150.00



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□ No

Zip Code

							t minks and
office or re	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	rida. Such change was au	thorized by the corp	corporation submits this sta oration's board of directors.	tement for the purport the library the	ose of changing its regions as regions.	egistered istered
SIGNATURE							\
	Signature, typed or printed name of registered agent and t		Registered Agent signature		_ _	ATÉ .	
12.	OFFICERS AND DI		13.	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTOR	
TITLE	SP	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PENICHET, TERESA		1.2 NAME				
STREET ADDRESS	1395 BRICKELL AVE, 3 FLR		13 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CiTY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	Wilheam	_ Vicette	Change Change	Addition
NAME			2.2 NAME	WILLIAM RI	220		}
STREET ADDRESS			2.3 STREET ADDRESS	1395 BRICKE	- 3 PA)).	Change 3 14 H.	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	MIAMI	331	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME			•	
STREET ADDRESS			4.3 STREET ADDRESS			-	1
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition \
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-\$T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			63 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR