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Feb 16, 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 # F96000000937

1. Corporation Name

ABACOA DEVELOPMENT COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1800 WEST LOOP SOUTH
SUITE 850
HOUSTON TE 77027
US**

Mailing Address

**1800 WEST LOOP SOUTH
SUITE 850
HOUSTON TE 77027
US**

3. Date Incorporated or Qualified

02/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number

51-0372237

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

9. Name and Address of Current Registered Agent

**GARY, JOHN W III
701 US HIGHWAY 1
SUITE 402
NORTH PALM BEACH FL 33408**

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 **P** ☐ DELETE
NAME **SALOUR, NADER G M**
STREET ADDRESS **675 W INDIANTOWN ROAD #203**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **ST** ☐ DELETE
NAME **CLARK, TIMOTHY**
STREET ADDRESS **1800 WEST LOOP SOUTH, SUITE 850**
CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☐ DELETE
NAME **MINTZ, JOSHUA T**
STREET ADDRESS **140 S DEARBORN SUITE #1100**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE **D** ☐ DELETE
NAME **PIERCE, STEPHEN M**
STREET ADDRESS **1800 W LOOP SOUTH SUITE #850**
CITY-ST-ZIP **HOUSTON TX 77027**

TITLE **D** ☐ DELETE
NAME **CLARK, STEPHEN T**
STREET ADDRESS **1800 WEST LOOP SOUTH, SUITE 850**
CITY-ST-ZIP **HOUSTON TE 77027**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: **Nader Salour**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

(561) 745-6400