PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90171 033 ***150.00

DOCUMENT # F98000004408

1. Corporation Name

U.S. DEVELOPMENT DENVER CORP.

P	incipal P	lace of Business
		n drive. Suite 2216 CH: Fl. 33139
2.	Principa	al Place of Business
21		
	Suite, A	p.#, etc.
22		
	City & S	State
	i	
23		
23	Zip	
23	Zip	25

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

1052 OCEAN DRIVE, SUITE 2216 MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/04/1998

APPLIED FOR

5. Certifca e of Status Desired

4. FEI Nur iber

22		27								10.000
City & Stat	e	City & State				Campaign Financiand Contribution	ng 🗆	\$5.00 h Added to	•	
23	0	28	Coun	tn						, 003
Zip	Count y Zip			u y			poration owes the o	зитепі уеаг і		[]No
25 29 3						Personal Property Tax. Yes L 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent		81	Name	iv. Name a	na Address of Ne	w Registere	Agent	
COB	DODATION SERVICE COMPANY		'	٠.	Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Street Add	ress (P.O. Box	Number is Not Acce	eptable)		
IALI	ANASSEE PL 32301-2323		1	83						
			1	84	City				85 Zip C	ode
					•			F		
11. Pursuar t	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ove-	-named cor	poration submits	this statement for	the purpose o	of changing its a	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a ns of, Section 607.0505, Flo	ida Statut	ນy ເ les.	ne corporar	non's board or di	ectors. Thereby ac	cept the app	Carrieric da rog	nt torou
SIGNATURE		,								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered A	Agent	signature requir	ed when reinstating)		DATE		
12.	OFFICERS AND		13.			ADDITIO	VS/CHANGES TO	OFFICERS A		
TITLE	DPST	☐ DELETE	1.1 TITL	.E	Ì				Change	☐ Addition
NAME	LAYFIELD, RICHARD		1 2 NAM	Æ	j					
STREET ADDRESS	1052 OCEAN DRIVE, SUITE 2216				ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139			TY-ST-ZIP						
TITLE	Vice President	☐ DELETE	2.1 TITL	E		-			Change	☐ Addition
NAME	Kathy Layfield		2 2 NAM	Æ	1					
STREET ADDRESS		- #2216	23 STR	EET/	ADDRESS					
CITY-ST-ZIP	1052 Ocean Driv	e #2216	2. 4 CIT	Y-ST	Γ-ZIP					
TITLE	Miami Beach,FL-	33140 DELETE	3.1 TITL				_ _		☐ Change	☐ Addition
NAME	Sec.		3 2 NAM	AE.	1					
STREET ADDRESS	Jackie Villamay		33STR	3 STREET ADDRESS						
CITY-ST-ZIP	1052 Ocean Driv	e #2216	3,4 CIT							
TITLE	Miami Beach, FL	33139 DELETE	4.1 TITL						Change	Addition
NAME			4 2 NAI	MÉ	-					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.3 STN							
TITLE		☐ DELETE	5.1 TITL						☐ Change	Addition
NAME		<u> </u>	5.2 NAN						-	
_					ADDRESS	•				
STREET ADDRESS			5.4 CIT		1					
CITY-ST-ZIP		☐ DELETE	6.1 TITL			· 		· •	☐ Change	Addition
		LJ OCCUPE	6.2 NAN							
NAME			i i		ADDRESS					
STREET ADDRESS			64 CIT							
CITY-ST-ZIP	certify that the information supplies with					0 440 07/	1)/i) Clasida Ctatut	6	wife , then the in	4

ng/opes not qualify to the exemption stated in Section 119.07(3)(i), Holida Statutes. Figure callify that the intermedia report is true and accurate and trait my signature shall have the same legal effect as if made under oath; that I am an iskee empowered to execute this report as required by Chapter 607, Florida Statutes; and that ⊓y name appears in in an add/ess with all other like empowered. indicate I on this annual report or supplemental a mual r officer or director of the corporation of Block 12 or Block 13 if changed, or o

SIGNATURE:

CR2E034 (11/98)

= '3

 $\equiv 0.07$

Applied For

\$8.75 Additional

Fee Reguired

Not Applicable