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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90215 006 ***150.00

| DOCU | MENT # G39255 | | | | | | |
|--|--|-------------------------------------|------------------------|-------------|--|------------------|--------------|
| I, Corporation | Hamo | , | | | | | |
| LERA RE | ALTY, INC. | | | | | | |
| | | | | | | | |
| Diania at Diana | of Divisions | Mailian Address | | _ | | | |
| Principal Place of Business Mailing Address | | | | | | | |
| 959 S.W. 87TH AVENUE 959 S.W. 87TH AVENUE MIAMI FL 33174 MIAMI FL 33174 | | | | | | | |
| | | Mann / E 00111 | | | DO NOT WRITE IN T | HIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 04/29/1983 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | plied For |
| 25 | | | | | 59-2283733 | \$8.75 A | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certificate of Status Desired | Fee Re | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Re |
| 23 | | | | | Trust Fund Contribution | Added to | |
| Zip | Country Zip Co | | | | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | 293 | 0 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Current | t Registered Agent | | | 10. Name and Address of New Register | ed Agent | |
| 40.11 | H A ADOLEO 7 | | 81 | Name | | | |
| AGUILA, ADOLFO Z. | | | | Street | Address (P.O. Box Number is Not Acceptable) | 1 | |
| 6780 CORAL WAY MIAMI FL 33155 | | | 20 | ! | | · | |
| IVIIAIV | II FL 33133 | | 83 | | | | |
| | | | 84 | City | | 85 Zip C | Code |
| | 4 C - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - | 2 4 CO7 4C09 Florido Ctotutos | the above | | corporation submits this statement for the purpose | | registered |
| office or re | egistered agent, or both, in the State o | of Florida. Such change was auti | horized by | the corp | oration's board of directors. I hereby accept the ap | pointment as rec | gistered |
| agent. I a | m familiar with, and accept the obligat | ions of, Section 607.0505, Florid | da Statutes | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: R | egistered Agen | t signature | required when reinstating) DATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| TITLE | DP | ₩ DELETE | . 1.1 TITLE | | DP | Change | ☐ Addition |
| NAME | RODRIGUEZ, ELVIRA M. | | 1.2 NAME | | Rodriguez, Elvira M. 6337 S.W. 15th street Miami Florida 33144 | | |
| STREET ADDRESS | 7095 SW 15TH ST | | | ADDRESS | 63370J.W. 13 = 37221111 | | |
| CITY-ST-ZIP | MIAMI FL | | | -ZIP | MiAmi Plorida 3314-7 | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | 221 | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREET | | | | 1 |
| CITY-ST-ZIP | | | 2.4 CITY-S | T- ZIP | | Change | Addition |
| TITLE | | | 3.1 TITLE | | | | |
| NAME | | | 3.2 NAME 3.3 STREET | . ADDDEGG | | | |
| STREET ADORESS | | | 3.3 STREET | | | | |
| CITY-ST-ZIP TITLE | | | 4,1 TITLE | 1-21 | | Change | Addition |
| NAME | | | 4, 2 NAME | | | | _ |
| STREET ADDRESS | | • | 4,3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST | | | | |
| TITLE | | | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADORESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST | r-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | } |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | l | | \ |

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.

6.4 CITY-ST-ZIP

SIGNATURE: