


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

FILED
Jan 21 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **G45047** (9)
1. Corporation Name
KING ESTATES DEVELOPMENT, INC.

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| Principal Place of Business % SILVIO ARGUELLO 9421 SW 140TH STREET MIAMI FL 33176 | Mailing Address % SILVIO ARGUELLO 9421 SW 140TH STREET MIAMI FL 33176 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 8464 SW 138 ST Suite, Apt. #, etc. 22 MIAMI FL 33158 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 8464 SW 138 ST Suite, Apt. #, etc. 27 MIAMI FL City & State 28 Zip 29 33158 Country 30 DADE | | 3. Date Incorporated or Qualified 05/25/1983 | |
| | | 4. FEI Number 59-2467994 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent ARGUELLO, SILVIO 9421 SW 140TH STREET MIAMI FL 33176 | | | | 10. Name and Address of New Registered Agent 81 Name ARGUELLO SILVIO 82 Street Address (P.O. Box Number is Not Acceptable) 8464 SW 138 ST 83 84 City MIAMI FL 85 Zip Code 33158 | | | |
|--|--|--|--|---|--|--|--|

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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PTD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ARGUELLO, DR. SILVIO | | | 1.2 NAME | | | |
| STREET ADDRESS | 9421 S.W. 140TH STREET | | | 1.3 STREET ADDRESS | 8464 SW 138 ST | | |
| CITY-ST-ZIP | MIAMI FL | | | 1.4 CITY-ST-ZIP | MIAMI FL 33158 | | |
| TITLE | DS | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ARGUELLO, MARTHA H. | | | 2.2 NAME | | | |
| STREET ADDRESS | 9421 S.W. 140TH STREET | | | 2.3 STREET ADDRESS | 8464 SW 138 ST | | |
| CITY-ST-ZIP | MIAMI FL | | | 2.4 CITY-ST-ZIP | MIAMI FL 33158 | | |
| TITLE | DV | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ARGUELLO, SILVIO R. | | | 3.2 NAME | | | |
| STREET ADDRESS | 9421 S.W. 140TH STREET | | | 3.3 STREET ADDRESS | 8464 SW 138 ST | | |
| CITY-ST-ZIP | MIAMI FL | | | 3.4 CITY-ST-ZIP | MIAMI FL 33158 | | |
| TITLE | DV | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ARGUELLO, MARCELO E. | | | 4.2 NAME | | | |
| STREET ADDRESS | 9421 S.W. 140TH STREET | | | 4.3 STREET ADDRESS | 8464 SW 138 ST | | |
| CITY-ST-ZIP | MIAMI FL | | | 4.4 CITY-ST-ZIP | MIAMI FL 33158 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 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.

SIGNATURE:

REQUIRED

CR2E034 (10/97)