PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corpora	UNENT# G8/398)						
8250	BIRD ROAD REALTY CORP.					(100(1))) baan (a))) (0228 ())(0 (0)) (0)(0)	: #1611 6:6 11 6(811 6	(9)(8)8() (18 6)
Principal P	Place of Business	Mailing Addres	ss			- C FEBRUS 498 HENN 10000 NING SOND ON BUILD	1 M1813 M1839 B1831 W	
4000 GRAN	ADA BLVD	4000 GRANADA	BLVD			·	9.0	
	ABLES FL 33146 CORAL GABLES FL 33146					DO NOT MIDITE IN TU	IC CDACE	
US į		US				DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE	
;	·					01/06/1984		ļ
2. Principa	al Place of Business	2a. Mailing Ad	dress			4. FEI Number	Apr	olied For
21		26				59-2382415	Not	Applicable
	Apt. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 A	
22	• .	27				5. Certificate of Status Desired	· Fee Re	quired
City &	State	City & Stat	е			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	_	Country		8. This corporation owes the current year		
24	25	29	30)		Personal Property Tax.		□No
	9. Name and Address of Curren	nt Registered Agen	<u>t</u>	- 04		10. Name and Address of New Registers	a Agent	
i _e	ICADOLA EEDMANDO			81	Name		•	
	Figarola, Fernando 4000 granada blvd.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	-	
	CORAL GABLES FL 33146							
Ļ	OHAL GABLES PL 33140			83				
j	•			84	City	F	85 Zip C	ode
11. Pursu	ant to the provisions of Sections 607.050	2 and 607.1508, Flo	rida Statutes.	the above	-named corp	poration submits this statement for the purpose	of changing its	registered
office	or registered agent, or both, in the State . I am familiar with, and accept the obliga	of Florida, Such cha ations of, Section 60	ange was auth 7,0505, Florida	ionzed by a Statutes	the corporati	on's board of directors. I hereby accept the app	omuniem as reg	Jistered
t		•						}
SIGNATU	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Re		t signature require	ed when reinstating) DATE		
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVD	Ļ	DELETE	1.1 TITLE			¹ ☐ Change	Addition
NAME	FIGAROLA, FERNANDO			1.2 NAME				
STREET ADDR				1.3 STREET	ADDRESS		5	
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-S	T-ZIP			
TITLE			DELETE	2.1 TITLE		•	Change	Addition (
NAME '				2.2 NAME				}
STREET ADDR	RESS		_	2.3 STREET		, · · · · · · · · · · · · · · · · · · ·		·
CITY-ST-ZIP	,			2. 4 CITY-S	T- ZIP		<u> </u>	Addition
TITLE			DELETE	3.1 TITLE			☐ Change	L'1 MODIROLI
NAME				3.2 NAME				
STREET ADDR	RESS	•		3.3 STREET				
CITY-ST-ZIP	·		251575	3.4. CITY-S	T-ZIP		[] Change	Addition
TITLE			DELETE	4.1 TITLE			Change	- Audiuoli (
NAME				4. 2 NAME	1			ł
STREET ADDR	RESS			4.3 STREET				\
CITY-ST-ZIP		<u> </u>	ACI CTC	4.4 CITY-S	T-ZIP		[] Chann	☐ Addition [
TITLE	(DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME		-		
STREET ADDI	RESS			5.3 STREET	1			
CITY-ST-ZIP			DELETE	5.4 CITY-S	1-ZIP		[] Change	Addition
TITLE	·	Ц	DELETÉ	6.1 TITLE			Change	☐ ∨aosaon (
NAME				6.2 NAME				

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 suppliemental 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 add/es, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90048 021 ***150.00

305-666-2596