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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90130 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H40802

1. Corporation Name

MCA RANCH, INC.

Principal Place of Business

316 ROYAL POINCIANA PLAZA  
PO BOX 1059  
PALM BCH. FL 33480-9059

Mailing Address

316 ROYAL POINCIANA PLAZA  
PO BOX 1059  
PALM BCH. FL 33480-9059

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1985

4. FEI Number

59-2486996

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

2. Principal Place of Business

21 340 Royal Poinciana Way

Suite, Apt. #, etc.

22 Suite 316

City & State

23 Palm Beach, FL

Zip

24 33480

Country

25 USA

2a. Mailing Address

26 340 Royal Poinciana Way

Suite, Apt. #, etc.

27 Suite 316

City & State

28 Palm Beach, FL

Zip

29 33480

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON, DONALD W.

316 ROYAL POINCIANA PLAZA

PALM BEACH FL 33480

81 Name Carson, Donald W.

82 Street Address (P.O. Box Number is Not Acceptable)

83 340 Royal Poinciana Way  
Suite 316

84 City

Palm Beach

FL

85 Zip Code

33480

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 DC ☐ DELETE

NAME FANJUL, ALFONSO

STREET ADDRESS 316 ROYAL POINCIANA PL

CITY-ST-ZIP PALM BEACH FL 33480

TITLE PD ☐ DELETE

NAME FANJUL, JOSE

STREET ADDRESS 316 ROYAL POINCIANA PL

CITY-ST-ZIP PALM BEACH FL 33480

TITLE SVD ☐ DELETE

NAME CARSON, DONALD W.

STREET ADDRESS 316 ROYAL POINCIANA PL

CITY-ST-ZIP PALM BEACH FL 33480

TITLE VT ☒ DELETE

NAME KANAI, DENNIS J.

STREET ADDRESS 316 ROYAL POINCIANA PL

CITY-ST-ZIP PALM BEACH FL 33480

TITLE AS ☐ DELETE

NAME BAKER, DAVID A.

STREET ADDRESS 321 ROYAL POINCIANA PL

CITY-ST-ZIP PALM BEACH FL 33480

TITLE AS ☐ DELETE

NAME DEL BUSTO, JORGE

STREET ADDRESS 316 ROYAL POINCIANA PLAZA

CITY-ST-ZIP PALM BEACH FL 33480

1.1 TITLE

340 Royal Poinciana Way

1.2 NAME

Suite 316

1.3 STREET ADDRESS

Palm Beach, FL 33480

1.4 CITY-ST-ZIP

2.1 TITLE

340 Royal Poinciana Way

2.2 NAME

Suite 316

2.3 STREET ADDRESS

Palm Beach, FL 33480

2.4 CITY-ST-ZIP

3.1 TITLE

340 Royal Poinciana Way

3.2 NAME

Suite 316

3.3 STREET ADDRESS

Palm Beach, FL 33480

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

340 Royal Poinciana Way

5.2 NAME

Suite 316

5.3 STREET ADDRESS

Palm Beach, FL 33480

5.4 CITY-ST-ZIP

6.1 TITLE

340 Royal Poinciana Way

6.2 NAME

Suite 316

6.3 STREET ADDRESS

Palm Beach, FL 33480

6.4 CITY-ST-ZIP

(See Attachment For Continuation)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(b), 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:

SIGNATURE REQUIRED Vice President

3/25/99

561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

444840-90130-3

ATTACHMENT TO  
PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # H40802 (1)

1. Corporation Name

MCA RANCH, INC.

13. - CONTINUED ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		
NAME	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Portuondo, Aurelio	
CITY-ST-ZIP	2600 S.W. 3rd Avenue	
	Miami, FL 33129	