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Feb 15, 1999 8:00am  
Secretary of State

02-15-1999 90022 028 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # H74985

1. Corporation Name

747 BUILDING ASSOCIATES, INC.

Principal Place of Business

747 PONCE DE LEON BLVD.  
CORAL GABLES FL 33114-8058  
US

Mailing Address

747 PONCE DE LEON BLVD.  
P.O. BOX 141058  
CORAL GABLES FL 33114-8058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1985

4. FEI Number

59-2571162

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

FERNANDEZ-CAROL, ADOLFO  
3659 S MIAMI AVE  
5001  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS MARTINEZ, ELENA R  
CITY-ST-ZIP 3661 S MIAMI AVE SUTIE 801  
MIAMI FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS PUJALS, SANTIAGO  
CITY-ST-ZIP 747 PONCE DE LEON BLVD.  
CORAL GABLES FL

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS FERNANDEZ-CAROL, ADOLFO  
CITY-ST-ZIP 747 PONCE DE LEON BLVD  
CORAL GABLES FL

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS GARCIA-LINARES, MANUEL  
CITY-ST-ZIP 3661 S MIAMI AVE SUITE 605  
MIAMI FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS BARRIOS, IVAN J  
CITY-ST-ZIP 747 PONCE DE LEON BLVD 503  
CORAL GABLES FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS FLOREZ, LUIS R  
CITY-ST-ZIP 747 PONCE DE LEON BLVD 409  
CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)