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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90027 031 ***150.00

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DOCUMENT # **J47897**

1. Corporation Name

TIFFANY LAND PROPERTIES, INC.

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Principal Place	e of Business	Mai	iling Address						1911 16001 10116 10111 1601 1	#:0:1 U1811 D DIF D Q:1 81	NI BIBILIBI
840 US 1. SUITE 435			% CARLOS MEGIAS 840 US 1. SUITE 435 N PALM BEACH FL 33408			3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
	-							12/12/1986		 	
2. Principal P	lace of Business	2a.	Mailing Address				4	FEI Number			lied For
21		26	Cuita Ant # ata					<u>-59-2757483 -</u>		\$8.75 A	Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5.	Certifcate of Stat	tus Desired	Fee Red	
City & State	 e		City & State				6	Election Campai	on Financing	\$5.00	May Re
23	, ,	28	,				"	Trust Fund Cont	- 11	Added to	- 1
Zip	Country Zip			Cou	Country			This corporation	owes the current ye		
24		29	_	30				Personal Propert	-		[]No
	9. Name and Address of Curre	ent Regist	ered Agent		81		10.	Name and Addi	ress of New Registe	ered Agent	
MEG	IAS, CARLOS				• •	Name		•	·	•	
======================================					82	Street A	dress (P.O. Box Number is Not Acceptable)				_
STE.					83						
	T PALM BEACH FL 33406										
					84	City				FL 85 Zip C	ode
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statern familiar with, and accept the oblig	e of Florida	a. Such change was a	uthonzed	i by i	the corpor	orporatio ation's b	n submits this stat oard of directors. I	tement for the purpo I hereby accept the a	se of changing its r appointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered as	ent and title if	applicable. (NOTE	: Registered	Agent	t signature req	uired when	reinstating)	DA	TE	
12.	OFFICERS A	ND DIREC	TORS	13.				ADDITIONS/CHA	NGES TO OFFICER		
TITLE	PTD	•	DELETE	1.1 TD	ΠE			2		☐ Change	☐ Addition
NAME	COWAN, PAUL			1.2 NA				•			
STREET ADDRESS	840 U S HWY ONE, STE 435			1.3 ST	REET	ADDRESS		1			
CITY-ST-ZIP	N PALM BCH. FL		□ pereze	1.4 CI		r-ZIP				☐ Change	
TITLE	SD HADDY		☐ DELETE	2.1 TT				B		Unange	
NAME	MOIDELL, HARRY			2.2 N/	₹MXI—			. [C]		. – .	Addition
STREET ADDRESS	840 U S HWY ONE,STE 435 N PALM BCH. FL			00.07				· [[]]		. – .	E Addition
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			☐ DELETE	1	reet ITY-s' TLE	- 1		- My	<u> </u>	•	- ·
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STREET ADDRESS			☐ OELETE	2. 4 Cl 3.1 TII 3.2 NA	TREET ITY-S TLE WME TREET	T-ZIP ADDRESS	· · ·	117	, <u>, , , , , , , , , , , , , , , , , , </u>	•	_ ·
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CITY-ST-ZIP				2. 4 Cl 3.1 TII 3.2 NA 3.3 ST 3.4. Cl	REET ITY-S ILE WE REET ITY-S ILE	T-ZIP ADDRESS	·	- 4)	Change	Addition
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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