

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90301 048 ***158.75

DOCUMENT # K27442

1. Corporation Name

MYL PROPERTIES INVESTMENT INC.

Principal Place of Business

250 COLLINS AVENUE
NO. 1
MIAMI BEACH FL 33139
US

Mailing Address

750 COLLINS AVENUE
NO. 1
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1988

4. FEI Number

65-0078895

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 10101 E. BAY HARBOR DR

Suite, Apt. #, etc.

22 APT # 704

City & State

23 BAY HARBOR ISL., FL

Zip Country

24 33154

25

2a. Mailing Address

26 10101 E. BAY HARBOR DR

Suite, Apt. #, etc.

27 APT # 704

City & State

28 BAY HARBOR ISL., FL

Zip Country

29 33154

30

9. Name and Address of Current Registered Agent

ALVAREZ, JOSE
9445 BIRD ROAD
SUITE 105
MIAMI FL 33165

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 D
NAME MONTEL, JOSE R.
STREET ADDRESS 601 SOUTH SHORE DRIVE
CITY-ST-ZIP MIAMI BEACH FL
☒ DELETE

TITLE DT
NAME YUKEN, ROSA
STREET ADDRESS 10101 E BAY HARBOR DRIVE SUITE 704
CITY-ST-ZIP BAY HARBOR ISLAND FL
☐ DELETE

TITLE P
NAME YUKEN, INGRID
STREET ADDRESS 1143 99TH ST
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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:

Ingrid Yuken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 (305)374-4412
Date Daytime Phone #

CR2E034 (1/98)