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

0232055

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90026 023 ***150.00

DOCUMENT # K46029

1. Corporation Name

FIRST SOUTHEAST CAPITAL CORPORATION, INC.

Principal Place of Business	Mailing Address
% LOUIS A. PETRILLO	% LOUIS A. PETRILLO
7900 S.W. 143RD ST	7900 S.W. 143RD ST
MIAMI FL 33158	MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/08/1988

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0177432**	Applied For
21	26		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PETRILLO, LOUIS A.
7900 S.W. 143RD ST
MIAMI FL 33158

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

CR2E034.(11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **PETRILLO, LOUIS A.**		1.2 NAME		
STREET ADDRESS **7900 S.W. 143RD ST**		1.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP		
TITLE **VP**	☒ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **LEVINE, ROBERT**		2.2 NAME		
STREET ADDRESS **7540 S.W. 96TH PL**		2.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 Required_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99
Date

305-255-4852
Daytime Phone #