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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90079 049 ***150.00

DOCUMENT # K89048 1. Corporation Name

PACIFIC CONDOS. INC.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Maling Address Age	,,,,,,,										
249 CORAL WAY SUITE #403	Principal Place of Business Mailing Address							i iddiditi est iene sent esm er	##1 1#41 #1#11 #1		
US 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified O5/15/1989 4. FEI Number	2490 CORAL WAY SUITE #403		2490 CORAL WAY SUITE #403				DO NOT WRITE IN THIS SPACE				
Spits Spit							3.	Date Incorporated or Qualifed		,	
2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For St-0198556 Not Applicable	•	• • •					ĺ	05/15/1989			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci	2. Principal Place of Business 2a. Mailing Address						4.			Apr	lied For
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City & State 28 City & State 29 Country 210 Countr	Suite, Apt.	#, etc.				5.					
Zip Country Zip Country Zip Country St. Trust Fund Contribution Added to Fees			& State			6	Flection Campaign Financing	_	\$5.00	May Re	
Zip Zos Zip Zos Zip	<u> </u>	• • •									
9. Name and Address of Current Registered Agent MURAI, WALD, BIONDO, & MORENO PA 900 INCRAHAM BLDG. 25 SE 2ND AVE MIAMI FL 33131 84 City FL 85 Zip Code		Country		Country			8.		ent vear Inta	ingible	
9. Name and Address of Current Registered Agent MURAI, WALD, BIONDO, & MORENO PA 900 INGRAHAM BLDG. 25 SE 2ND AVE MIRAII FL 33131 48 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, and accept the obligations of, Section 607.0502, 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, and accept the obligations of, Section 607.0505, Florida Statutes, SIGNATURE Signature, typed or printed name of registered agent and ette if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 13. STREET ADDRESS 2800 PONCE DE LEON BLVD. 13. STREET ADDRESS 2800 PONCE DE LEON BLVD. 13. STREET ADDRESS 2800 PONCE DE LEON BLVD. 21. STREET ADDRESS 2800 PONCE DE LEON BLVD. 22. STREET ADDRESS 2800 PONCE DE LEON BLVD. 23. STREET ADDRESS 2800 PONCE DE LEON BLVD. 33. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 34. CITY-ST-ZIP CORAL GABLES FL 35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 13. STREET ADDRESS 24. CITY-ST-ZIP CORAL GABLES FL 35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 25. STREET ADDRESS 26. CITY-ST-ZIP CORAL GABLES FL 36. CITY-ST-		— .			•		•				□No
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25 SE 2ND AVE MIAMI FL 33131 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, in an familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed rame of magnitured agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating)					2 5	Street Addr	ress (P	O. Box Number is Not Accept	able)		
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE					anature require	ed when r	einstating)	DATE		
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CITY-SI-ZIM I BRIANNI EL	CITY-ST-ZIP				4.4 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

SIGNATURE:

☐ Change

☐ Change

Addition

☐ Addition