


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

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90071 047 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L56934**

1. Corporation Name
MONTALVO PROPERTIES, INC.

Principal Place of Business
1074 D HYACINTH PL
WELLINGTON FL 33414
US

Mailing Address
P O BOX 210891
ROYAL PALM BEACH FL 33421
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 401 N. E 121st Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 210891 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/14/1990	
22 City & State 23 N. miami Florida Zip Country		27 City & State 28 Royal Palm Beach 33421 Zip Country		4. FEI Number 22-3055842 Applied For <input type="checkbox"/> Not Applicable	
24 33161 25 miami		29 33421 30 Palm Beach		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MONTALVO, OLGA 1074 D HYACINTH PL WELLINGTON FL 33414		10. Name and Address of New Registered Agent 81 Name Montalvo, Olga 82 Street Address (P.O. Box Number is Not Acceptable) 11875 S. Rambling Dr. 83 Wellington Fl 84 City Wellington Fl 85 Zip Code 33414			

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 **by Olga Montalvo Director**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-29-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLGA MONTALVO, C/O IRMA ALS 1074 D HYACINTH PL WELLINGTON FL 33414 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Olga Montalvo Director 11875 S. Rambling Dr. Wellington Florida 33414 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALVO, OLGA 1074 D HYACINTH PL WELLINGTON FL 33414 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Ramon Montalvo president 11875 S. Rambling Dr. Wellington - Fl - 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **by Olga Montalvo Director** 1-28-99 1-561-993-9419

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

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