


**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90019 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L58740**  
 1. Corporation Name  
**ALBATROSS PROPERTIES, INC.**

Principal Place of Business 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126	Mailing Address 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/21/1990**

2. Principal Place of Business 21 <b>X 7400 SW 50<sup>th</sup> TERR</b>	2a. Mailing Address 26 <b>X 7400 SW 50<sup>th</sup> TERR</b>
Suite, Apt. #, etc. 22 <b>... Suite 200</b>	Suite, Apt. #, etc. 27 <b>Suite 200</b>
City & State 23 <b>Miami Fla</b>	City & State 28 <b>MIAMI Fla</b>
Zip 24 <b>33155</b>	Zip 29 <b>33155</b>
Country 25 <b>DADE</b>	Country 30 <b>DADE</b>

4. FEI Number <b>65-0255588</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.**  
**5200 BLUE LAGOON DRIVE**  
**SUITE 700**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name **CARMONA, BENITO**  
 82 Street Address (P.O. Box Number is Not Acceptable) **7400 S.W. 50TH TERRACE**  
 83 **SUITE 200**  
 84 City **MIAMI** FL 85 Zip Code **33155**

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]* **BENITO CARMONA** - **4/4/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDTS	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, GIL G</b>	
STREET ADDRESS	<b>C O BENITO GARDONA, 7400 S.W. 50 TERR. #200</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>VP D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, JULIAN G</b>	
STREET ADDRESS	<b>C O BENITO GARDONA, 7400 S.W. 50 TERR. #200</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GARCIA SANCHEZ, GIL</b>	
1.3 STREET ADDRESS	<b>C/O BENITO CARMONA 77400 SW 50<sup>th</sup> TERR.</b>	
1.4 CITY-ST-ZIP	<b>SUITE-200, MIAMI, FL 33155</b>	
2.1 TITLE	<b>VP D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GARCIA SANCHEZ, JULIAN</b>	
2.3 STREET ADDRESS	<b>C/O BENITO CARMONA 7400 SW 50<sup>th</sup> TERR.,</b>	
2.4 CITY-ST-ZIP	<b>SUITE 200, MIAMI, FL 33155</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** **3/15/99** **(305) 264-3508**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (1/198)