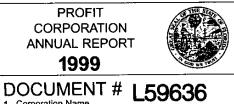
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

May 06, 1999 8:00 am Secretary of State **Katherine Harris**

05-06-1999 90173 027 ***150.00

	APARTMENTS, INC.							
Principal Place	e of Business	Mailing Address			1	I \$MMISMUS MAI MOISM 18519 BEIMB FILEN GIEL MIN		1011 01011 1001
232 ZAMORA A CORAL GABLES US	VE	1627 BRICKELL AVE APT 1101 MIAMI FL 33129 US			3.	DO NOT WRITE IN THE Date Incorporated or Qualifed 03/23/1990	IIS SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number	<u> </u>	plied For
21		26				65-0206901		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 A Fee Re	l I
City & State	è	City & State			6.	Election Campaign Financing	\$5.00	, ,
23		28			↓_	Trust Fund Contribution	Added t	o Fees
Zip	Country 25	Zip	Country 30	/	8.	This corporation owes the current year Personal Property Tax.	Intangible	No
24	9. Name and Address of Current		1001			Name and Address of New Registers	ed Agent	
		3	81	NameVILA	UA	Benitez-		
BENITEZ, VILMA 2490 CORAL WAY		82	Street Addre	ess (P	O. Box Number is Not Acceptable)			
5TH FLOOR			83			CORAL WAY		
MIAMI FL 33145			SUIT	E	# 201		<u> </u>	
	,		84	City .	i	F	L 85 Zip	Code 3145
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligat	of Florida. Such change was at	uthonzed by	/ the corporation	oration n's bo	n submits this statement for the purpose pard of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE	Vihua Bu	TIL				2/10	6199	1
	V // / - /		December of Asse	at almost us sequired	whon r	ninetatura) DATE	7	
	Signature Aped or printed name of registered agent	t and title if applicable. (NOTE:		nt signature required			AND DIRECTO	RS IN 12
12.	OFFICERS ANI	t and title if applicable. (NOTE:	13.	nt signature required		einstating) 6ATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12. TITLE	P OFFICERS ANI	t and title if applicable. (NOTE: D DIRECTORS	13.	nt signature required				
12. TITLE NAME	P BENITEZ, VILMA	i and title if position (NOTE. D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ent signature required				
12. TITLE NAME STREET ADDRESS	P BENITEZ, VILMA 1627 BRICKELL AVE, APT 1101	i and title if position (NOTE. D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ET ADDRESS				
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CITY-ST-ZIP 1 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition