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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	¯# 	80	77	a
4 Orange Manage				v

	MENI # L80779			The state of the s	ATE
1. Corporation	AS PROPERTIES TRUST II	NC		PALLAHASSEE, FLO	AGIRÍ
OVERSE	NO PROPERTIES TRUST II	10.		C AND HAVE AND ENTER BALLE SPACE SPACE THAT A TAKE BLACK	a Andri Andri Andri Andri Andri Andri Andri
Principal Place	of Business	Mailing Address			- Miller Miller Miller Miller Miller 1881
POST OFFICE (9OX 558703	P.O. BOX 558703			
4250 SW 8 ST MIAMI FL 33134		MIAMI FL 33255 US		DO NOT WRITE IN THI	S SPACE
US		03		3. Date Incorporated or Qualifed	
				06/14/1990	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0327306	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certifcate of Status Desired [.]	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23	5	28		Trust Fund Contribution	Added to Fees
Z p	Country	Zip	Country	8. This corporation owes the current year li	
24	25	29 3	o	Personal Property Tax	[.]Yes □No
	9. Name and Address of Curre	nt Registered Agent	277 75 7 7 7 7 7	10. Name and Address of New Registered	d Agent
4145	RILAWYER CHARTERED		81 Name Sp	iegel & Utrera, P.A.	
	LAWRENCE J. SPIEGEL		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	,
	ALMERIA AVENUE		83 34	3 Almeria Avenue	
	AL GABLES FL 33134				
		11	84 City	ral Gables F	85 Zip Code 3∕3 1 3 4
11. Pursuant	to the provisions of Section 607/05	2 And 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpose of	of changing its registered
office or re	egistered agent, or both, in the state m familiar with an Bricker than b	of florida Such change was aut	horized by the corporational la Statutes	poration submits this statement for the purpose on shoard of directors. I hereby accept the appropriate the statement of the	ointment as registered
SIGNATURE				4/7	9/49
SIGNATORES	Signature, typed to yerbal part 4 registers at	fera vice-Pres	1dent signature require	d when reinstating) & ATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE NAME	PSD Martinez, M.G.	בן שנוניוני	1.2 NAME		Ell avanão Ell rasimon
STREET ADDRESS	4250 SW 8 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY+ST+ZIP		
TITLE		[] DELETE	2 1 TITL€	600002868 	I the TAdded
NAME			2.2 NAME	-05/07/99	-01137010
STREET ADDRESS			23STREET ADDRESS	****150.00) ****150.00
CITY-ST-ZIP			2 4 CITY-ST-ZIP		F1.44
TITLE		(T) DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		[] DELETE	34 CITY-ST-ZIP		[]Change []Addition
NAME		• -	4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change [] Addition
NAME			5 2 NAME		
STREET ADDRESS			. 53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		[] Change Addition
NAME			62 NAME		2/12/14.1
STREET ADDRESS			63 STREET ADDRESS		પાજ

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 of 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. CITY-ST-ZIP

FILED

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