

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 # L98477

1. Corporation Name

BLACK PLUM PROPERTIES, INC.

Principal Place of Business

501 BRICKELL KEY DR., #300
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DR., #300
MIAMI FL 33131

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90146 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1990

4. FEI Number

65-0246293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8371 S.W. 148th Place
Suite, Apt. #, etc.

2a. Mailing Address

26 8371 S.W. 148th Place
Suite, Apt. #, etc.

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip Country

24 33193 25 USA

Zip Country

29 33193 30 USA

9. Name and Address of Current Registered Agent

AGUDO, MARCELO M
501 BRICKELL KEY DR., #300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Domingo Bernardo

82 Street Address (P.O. Box Number is Not Acceptable)

570 East 37th Street

83

84 City

Hialeah

FL

85 Zip Code
33013

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

Domingo Bernardo

Domingo Bernardo

1-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GAITAN, EDWIN E
STREET ADDRESS 501 BRICKELL KEY DR., #300
CITY-ST-ZIP MIAMI FL 33131

TITLE S
NAME GAITAN, JORGE
STREET ADDRESS 501 BRICKELL KEY DR., #300
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Resident ☒ Change ☐ Addition
1.2 NAME Edwin Gaitan
1.3 STREET ADDRESS 8371 S.W. 148th Place
1.4 CITY-ST-ZIP Miami, FL 33193

2.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME Jorge Gaitan
2.3 STREET ADDRESS 8371 S.W. 148th Place
2.4 CITY-ST-ZIP Miami, FL 33193

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Gaitan

1-19-99 (305) 382-2894

Date

Daytime Phone #

CR2E034 (11/98)