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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90044 028 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M35756 1. Corporation Name

SANTA L	UCIA PROPERTY CORP.								
Principal Place	of Business	Mailing Address				88 ((181 91))) (8 88) 6	7114 WILL BERLI BIR	** ****** ******	
C/O JAMES A.	•	C/O JAMES A. MOLANS							
16100 S. W. 173RD AVENUE 16100 S. \		16100 S. W. 173RD AVENUE				DO NOT WRI	ITE IN THIS S	PACE	
MIAMI FL 33187 MIAMI FL		MIAMI FL 33187	II FL 33187		3. Date Incorpor				
					07/25/198				
		2a. Mailing Address	_		4. FEI Number			A	oplied For
2. Principal Pl	ace of Business				59-270075	i8 ·		N	ot Applicable
1 0.32 0.4	# ata	Suite, Apt. #, etc.						\$8.75	Additional
Suite, Apt. i	#, etc.	27			5. Certifcate of S	Status Desired		Fee R	equired
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	-		6. Election Cam	paign Financing		\$5.00	May Be
¬ ·	•	28			Trust Fund C			Added	to Fees
Zip	Country	Zip	Count		8. This corporat	ion owes the cur	rent year Inta	ngible ,	
4	25	29	30		Personal Pro	perty Tax.		Yes	□No
	9. Name and Address of Current		<u> </u>		10, Name and A	ddress of New	Registered A	gent	
			1	1 Name					
	ANS, JAMES A 10 S. W. 173RD AVENUE		1	2 Street	Address (P.O. Box Numb	per is Not Accept	table)		
	Al, 33187		1	13	1 75 - 7 3 (4.3)	1340 60	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		51017 1117
. IAIPAU	iii, 55 107			"				kid 3	V 3.31 443
	• .		1	4 City			FL	85 Zip	Code
									
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of the forming with a great the obligate	2 and 607.1508, Florida Statute of Florida, Such change was au ions of Section 607.0505, Flori	s, the about thorized da Statul	ove-named over the corpores.	corporation submits this pration's board of directo	statement for the rs. I hereby acce	e purpose of o	tment as r	s registered egistered
SIGNATURE	m familiar with, and accept the obligat	and title if applicable. (NOTE:	ou oloto		equired when reinstating) : !		DATE	D DIRECT	ORS IN 12
SIGNATURE	m familiar with, and accept the obligation of signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature n	equired when reinstating) : !	HANGES TO O	DATE		ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: D DIRECTORS	Registered A	gent signature n	equired when reinstating)	HANGES TO O	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent 4. OFFICERS AN RODRIGUEZ, MANUEL	and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM	gent signature n	equired when reinstating)	HANGES TO O	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI DR. 14 RODRIGUEZ, MANUEL 16100 SW 173RD AVE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAA	gent signature n	equired when reinstating)	HANGES TO O	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent A OFFICERS AND DR. 4. RODRIGUEZ, MANUEL 16100 SW 173RD AVE MIAMI FL.	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAA	gent signature n E E EET ADDRESS	equired when reinstating)	HANGES TO O	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent A OFFICERS AND DR. 14 RODRIGUEZ, MANUEL 16100 SW 173RD AVE MIAMI FL. VPD	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	gent signature re E E E E E E E E E T ADDRESS '-ST-ZIP E	equired when reinstating)	HANGES TO O	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent A OFFICERS ANI OPE 14 RODRIGUEZ, MANUEL 16100 SW 173RD AVE MIAMI FL VPD RODRIGUEZ, SECUNDINA	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CITT 2.1 TITL 2.2 NAA	gent signature re E E E E E E E E E T ADDRESS '-ST-ZIP E	equired when reinstating)	HANGES TO O	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent 14 OFFICERS AND 14 OFFICERS AND 15 OFFICERS AND 16 OFFI	and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF	gent signature in E E E E E E E T ADDRESS '- ST-ZIP E B IE	equired when reinstating)	HANGES TO O	DATE	D DIRECT ☐ Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered eigent OFFICERS ANI OFF	and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF	gent signature in E E E E E E E E E T A D R E E E T A D R E S Y S T - S	equired when reinstating)	HANGES TO O	DATE	D DIRECT ☐ Change	ORS IN 12 Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered agent of the Obligation of the Control of the Con	t and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA	gent signature in E E E E E E E E E E E E E	equired when reinstating)	HANGES TO O	DATE	D DIRECT Change	ORS IN 12 Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of the obligation of the control of the con	t and title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4. CIT 4.2 NAA 4.3 STF	gent signature in E E E E E E E E E E E E E	equired when reinstating)	HANGES TO O	DATE	D DIRECT Change	ORS IN 12 Addition Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent PRODRIGUEZ, MANUEL 16100 SW 173RD AVE MIAMI FL VPD RODRIGUEZ, SECUNDINA 16100 SW 173RD AVENUE MIAMI FL STD RODRIGUEZ, BENITO 16100 SW 173RD AVENUE MIAMI FL AS MOLANS, JAMES 16100 SW 173RD AVENUE MIAMI FL AS MOLANS, JAMES 16100 SW 173RD AVENUE MIAMI FL	DELETE D	Registered A 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CITT 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.2 NA 4.3 STI 4.2 NA 4.3 STI 4.2 NA 4.3 STI 5.1 TITT 5.2 NAA 5.3 STI 5.3 STI	GONT SIGNATURE OF THE S	ADDITIONS/C	HANGES TO O	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition
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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, of on an attachment with an address, with all other like empowered.

6.4 CfTY-ST-ZfP

SIGNATURE