Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90030 010 ***150.00

EILE 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 # M41802

1. Corporation Name

	THUPERTIES OF FLORIDA					
Principal Place	e of Business	Mailing Address				
	ST THIRD AVENUE	ONE SOUTHEAST THIRD AVE	ENUE			
SUITE 1400 · MIAMI FL 33131	1	SUITE 1400 Miami FL 33131		DO NOT WRITE IN TH	IS SPACE	
US		US		3. Date Incorporated or Qualifed		
				11/18/1986		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2746629	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22 Sinte				5. Certificate of Status Desired	Fee Required	
City & State	e the taken to be the total and the	City & State -		6. Election Campaign Financing	\$5.00 May Be	_
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country · '	Zip	Country	8. This corporation owes the current year		
24	25	29 3	0	Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	u Agent	
COD	ROLITE CORPORATION		oi Name			
ONE SOUTHEAST THIRD AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	City Dian	
1400 AMERIFIRST BLDG.			83	Southeast Inivid Avenue, S	uite 2130	
	M FL 33131		- I° Sin	Trust International Cente		
Mira	MI FE 33131		84 City		85 Zip Code	
		1 000 4500 Ft - 11- Ot-1-		and a section of the state of the state of the surpose	of changing its registered	
office or r	egistered agent or both in the State o	f Florida. Such change was auti	horized by the corbo	corporation submits this statement for the purpose tration's board of directors. I hereby accept the app	pointment as registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.	•	•	
SIGNATURE		4.0		equired when reinstating) DATE		
10	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/GITANCES TO CITTOENS	☐ Change ☐ Addition	
NAME	READ, PATRICIA		1.2 NAME			
_	13005 SW 108 PLACE		1.3 STREET ADDRESS			
STREET ADDRESS	MIAMI FL		1.4 CITY-ST-ZIP		<u> </u>	
CITY-ST-ZIP	WIAWI FL		1,4 OH 1-01-Zill		Y	
NAME -		I I DELETE	21 TITLE		Change Addition	
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		☐ DELETE	2.2 NAME		☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: