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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	#	M43641
 Corporation Name 		111 100 1 1

M.T.O. REALTY, INC.

Principal Place	e of Business	Mailing Address				Öİ ISBS ASBAL DIDIL OLDIL OLDIL B	LOTA RIBIL FOOL
2075 SW 27TH		2075 SW 27TH AVE					
MIAMI FL 33145		MIAMI FL 33145			DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualifed	E IIV TINO OF NOE	
					12/19/1986		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			59-2771272	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.75 A	
22		27			O. Germano of Guide Desires	Fee Rei	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	· 1
23		28 7in	Count	TV	Trust Fund Contribution	Added to	rees
Zip	Country	Zip	30	ıy	This corporation owes the curre Personal Property Tax.		□No
24	25 . 9. Name and Address of Cur		30		10. Name and Address of New R	egistered Agent	
			8	1 Name			
	EGA, JOSE A.			2 Street	Address (P.O. Box Number is Not Accepta	ble)	
	5 SW 27 AVE		Ľ	Juliout 7	343	, 	* * * * * * * * * * * * * * * * * * * *
MIAN	MI FL 33145		٤	13	· · · · · · · · · · · · · · · · · · ·		
			8	34 City	The second of th	85 Zip C	ode
The second of the second				1		FL	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the abo	ove-named	corporation submits this statement for the oration's board of directors. I hereby accep	purpose of changing its t the appointment as reg	registered
	registered agent or both in the Sta	ate of Fiorida. Such change was a	uuiorizea i	ov tne corpc			
agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	rida Statut	ov tne corpc			,
agent. I a	ım familiar with, and accept the obl	ligations of, Section 607.0505, Flo	nda Statut	es.		· ·	
agent. I a SIGNATURE	am familiar with, and accept the obling familiar with, and accept the obling familiar with familiar	agent and title if applicable. (NOTE	nda Statut	es.	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
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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 suppliemental 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 justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR