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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90066 040 ***150.00

DIVISION OF CORPORATIONS 1999 **DOCUMENT # M44382** REDLANDS SECTION FOUR CORPORATION Principal Place of Business Mailing Address 16750 SW 160 ST 16750 SW 160 ST MIAMI FL 33187 MIAMI FL 33187 DO NOT WRITE IN THIS SPACE US us 3. Date Incorporated or Qualifed 01/06/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2764042 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired ... Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DE LA CRUZ, LUIS F. 82 Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVENUE َ ۞جَي SUITE 805 83 **CORAL GABLES FL 33134** Zip Code 33/8フ 84 City 41 AM 1 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. FREGERICK SIGNATURE Signature, typed or p (NOTE: Registered Agent signature required when ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE ARRIAGA, CARLOS A. NAME 1.2 NAME **600 GRAPETREE DR 3GN** STREET ADDRESS 1.3 STREET ADDRESS KEY BISCAYNE FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ☐ Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition [] Change TITLE 4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-7IP CITY-ST-ZIP □ DELETE Change ☐ Addition TITI F 51 T/TIE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 eceiver 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 open attachment with an address, with fall other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED, MANY OF SIGNING OFFICER OR DIRECTOR

36/2638 Daytima Phone #

CR2E034 (11/98)