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 # M49958

ALL TRUST R.E., INC.

Principal Place of Business Mailing Address						i imbimast lis Benta tueia iniai aut	OF IDII QIQIF BI	841 BIBIT B3811 BI	8) #}## 84
7455 COLLINS	AVE	1250 WEST AVE							
STE 209	·	STE 74				DO NOT WRITE IN THIS SPACE			
MIAMI BEACH FL 33141 MIAMI BEACH FL 33139						3. Date Incorporated or Qualifed			
US		U\$				04/08/1987			
2 Data da al Di	ace of Business	2a. Mailing Address				4. FEI Number		And	lied For
	ace of Business	<u></u>	¬			59-2814396		<u> </u>	Applicable
Suite, Apt.	# etc :	Suite, Apt. #, etc.						\$8.75 A	dditional
22	m, 610.	27				5. Certificate of Status Desired	,⊔	Fee Rec	uired
City & State		City & State				6. Election Campaign Financing		\$5.00	
23	_	28				Trust Fund Contribution		Added to	- 1
Zip	Country Zip			ntry		8. This corporation owes the curre	nt year Inta	ngible	
24	25 29 30					Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered /	Agent	
				81	Name				
BERTAK, IVAN V.				82	Street Addres	ess (P.O. Box Number is Not Acceptable)			
1250 WEST AVE APT 7I				or direct vices of the section is the section of			-		
MIAN	MI BEACH FL 33139			83					İ
	•			84	City			85 Zip C	ode
					,		<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statut	es, the al	oove	named corpor	ration submits this statement for the	ourpose of	changing its of	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Stati	ites.	ne corporation	as obtained an exercise. Thereby assep	(по арроп		,
SIGNATURE	• •								
	Signature, typed or printed name of registered age			Agent	signature required v		DATE	ם חותברדה	20 IN 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Gridinge	
NAME	BERTAK, IVAN V.		1.2 NAME						Į
STREET ADDRESS	,1250 WEST AVE APT 7-I		1.3 STREE						
CITY-ST-ZIP	MIAMI 8CH FL	E) acter		TY-ST-	-ZiP			☐ Change	Addition
TITLE	VD	☐ DELETE	2.1 TD					Change	
NAME	KVAJIC, MIRJANA M.		2.2 NAME						
STREET ADDRESS	4101 PINE TREE DR #809		2.3 STREE		ľ			_	
CITY-ST-ZIP	MIAMI BCH FL-33140		2. 4 CITY-		-ZIP T	The second secon		Change	Addition
TITLE		☐ DELETE	3.1 TITLE					□ cuange	
NAME			3.2 NAME						Į
STREET ADDRESS			3.3 STREE						İ
CITY-ST-ZIP			3.4. CITY-		-ZIP			Change	Addition
TITLE .		☐ DELETE	4.1 TITLE					C cuange	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREI		i				
CITY-ST-ZIP		□ pri core		TY-ST	- ZIP		<u> </u>	Change	Addition
TITLE	•	☐ DELETE	5.1 TITLE				•		
NAME			5.2 NAME		ADODESE				ļ
STREET ADDRESS			5.3 STREE						ĺ
CITY+ST-ZIP			5.4 CITY-1		- 4117	<u></u>			
TITLE		I I NEI ETE	E 6 4 TT	ΠF	l l			Change	
		☐ DELETE						☐ Change	☐ Addition
NAME STREET ADDRESS		. DELETE	6.2 N	WE	ADDRESS	•		∐ Change	☐ Addition

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by on any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90032 042 ***150.00