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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90011 048 ***150.00

DOCUM	MENT # M5332 1							
1. Corporation	Name TIONAL REALTY HOLDING							
District Disease	of Business	Mailing Address				4 101) Bibil Bibil bi))(1 01 03	
,								
C/O MARGIE GALLINAL 2121 S.W. 3RD AVE 4TH FLOOR		2121 S.W. 3RD AVE., 4TH FLOOR		DO NOT WRITE IN THIS SPACE				
MIAMI FL 33129		MIAMI FL 33129 US		3. Date Incorporated or Qualifed				
US		00			06/05/1987			
9 Dringing Dic	non of Rusiness	2a. Mailing Address			4. FEI Number	Арр	lied For	
2. Principal Place of Business		26		59-2813566	Not	Applicable		
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
 1		27		5. Certificate of Status Desired	Fee Rec	uired		
City & State		City & State		6. Election Campaign Financing	\$5.00	· .		
		28			Trust Fund Contribution Added to Fees			
Zip	7.0		Country		8. This corporation owes the current year	Intangible	٦., ا	
24	25 29		30		Personal Property Tax.			
24	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registers	d Agent		
			81	Name	me			
GALLINAL, MARGARITA T			82	82 Street Address (P.O. Box Number is Not Acceptable)				
2121 S.W. 3RD AVENUE			1	Oz Otreat Address (1.0. Box Hambert				
MIAM	II FL 33129		83					
			-			. 85 Zip C	ode	
			84	City	F	L	-	
CICNATUCE	egistered agent, or both, in the State in familiar with, and accept the obligi Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Age		od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE					
NAME	valdes, albert		1.2 NAME					
STREET ADDRESS	ZIZI S.W. ITHIND AVENUE			TADDRESS				
CITY-ST-ZIP	HIJAMI I C		1.4 CITY-S 2.1 TITLE	ST-ZIP		Change	Addition	
TITLE	SD						_	
NAME	ROSSEL, GUILLERMO						l l	
STREET ADDRESS	2121 3.41. 11111D AVENUE			TADORESS				
CITY-ST-ZIP	WILLIAM I L		2.4 CITY- 3.1 TITLE	S1-ZIP		☐ Change	Addition	
TITLE	TD	Detere	3.1 TITLE		•			
NAME	PRESTAMO, ALBA			T ADDRESS				
STREET ADDRESS	2121 SW THIRD AVENUE	1 SW THILD AVEINGE			·			
CITY-ST-ZIP	MIAMI FL			ST-ZIP		☐ Change	Addition	
TITLE		_ Deterie	4.1 TITLE 4.2 NAME				}	
NAME			4.3 STREET ADDRESS					
STREET ADDRESS				4			Į	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5			☐ Change	☐ Addition	
TITLE		_ 5222.2	5.2 NAME				{	
NAME				ET ADDRESS		-		
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP			6.1 TITLE			Change	Addition	
TITLE		<u></u>	6.2 NAME			•	ļ	
NAME				ET ADDRESS			Ì	
STREET ADDRESS			64 CITY-					

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

(14)