PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M54022 1. Corporation Name

SUCCESS REAL ESTATE ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address					1 18819811 (8)	#1111: #1 # 11	0 0 9 0 0			1 81811 1481
1149 SW 27TH AVE		1149 SW 27TH AVE	1149 SW 27TH AVE									
SUITE 305		SUITE 305	• • • =			DO NOT WRITE IN THIS SPACE						
			MIAIMI FL 33135			3. Date Incorporated or Qualifed						
US		03					06/17/1987	eu or Quame	su .			
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number	•			Appli	ed For
21		26					59-2819001				Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Sta	itus Desired			5 Ade Requ	ditional fired
		27 City & Ctata				+-						
City & Stat	te	City & State					Election Campa Trust Fund Con	_	9 🗆		00 м ed to	- 1
23	Country	28 Zip	Cour	ntn/							60 10	663
Zip			30	11.19		- 1	This corporation Personal Proper		intent year in	Yes]No
24	9. Name and Address of Curre	29 Agent	1301				Name and Add		Registered	<u> </u>	-	
	5. Name and Address of Cure	sit itegistered Agent		81	Name						•	
DEL	VALLE, FRANCISCO											
	5 GRANADA BLVD.			82	Street Addr	ress (P.	O. Box Number	is Not Accep	ptable)			
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	RAL GABLES FL 33135			"		•					*1.53	
		•		84	City		40	* ''* - *	FI	85 2	Zip Co	de
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office or r agent. I a SIGNATURE	registered agent, or both, in the State im farnillar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was a gations of, Section 607.0505, Flo	authorized orida Statu	by t ites.	the corporation	On's boo	ard of directors.	i nereby acc	DATE	intment a	s regis	
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90027 035 ***150.00