

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 # M69136

1. Corporation Name
COLONIAL TITLE & TRUST COMPANY

Principal Place of Business

11410 SW 68TH STREET
SUITE 109
MIAMI FL 33176

Mailing Address

11410 SW 68TH STREET
SUITE 109
MIAMI FL 33176

2. Principal Place of Business

21 7990 SW 117 AVE

Suite, Apt. #, etc.

22 136

City & State

23 MIAMI FL

Zip

24 33183

Country USA

25 MIAMI-DADE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LAZARO MARRERO

~~XXXXXX~~

~~SUITE 109~~

~~MIAMI FL 33176~~

7990 SW 117 AVE
SUITE 136
MIAMI FL 33183

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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.

SIGNATURE

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when removing)

DAH

12. OFFICERS AND DIRECTORS

TITLE S [] DELETE

NAME MARRERO, ELDA

STREET ADDRESS ~~XXXXXX~~

CITY-ST-ZIP MIAMI FL 33176

TITLE P [] DELETE

NAME MARRERO, LAZARO

STREET ADDRESS ~~XXXXXX~~

CITY-ST-ZIP ~~XXXXXX~~

TITLE VP [] DELETE

NAME RODRIGUEZ, ILEANA M.

STREET ADDRESS ~~XXXXXX~~

CITY-ST-ZIP ~~XXXXXX~~

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

7990 SW 117 AVE SUITE 136
MIAMI FL 33183

SAME AS ABOVE

SAME AS ABOVE

800002770508--8

-02/09/99-01118-017

***158.75 ***158.75

[] Change [] Addition

[] 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

305

595-7473

Daytime Phone

0254806

CR2E034 (11/98)

FILED
99 JAN 28 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1988

4. FET Number

65-0031341

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent