Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90046 036 \*\*\*158.75

## 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 # P9300004001

SERENA COVE HOLDINGS, INC.

					# 1 <b>00</b> (100 ) 110 (100 ) 120 (100 )	Arin arin tanı banı bir	    <b>                                    </b>
Principal Place of Business Mailing Address							
1570 MADRUGA AVENEUE				A CONTRACTOR OF THE PROPERTY O	marer martt antit Antis 216	sı ansın müldi itili iddi	
200		1570 MADRUGA AVENUE 200		1		•	
CORAL GABLES FL 33146		CORAL GABLES FL 33146			DO NOT WRITE IN THIS SPACE		
103		U\$			3. Date Incorporated or Qualife	MIE IN THIS SPACE	<u> </u>
2 Date of	10				01/12/1993	U	_
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		
Suite, Apt. #, etc.		26			65-0382288	Ļ	Applied For
$\vdash$	pr. #, etc.	Suite, Apt. #, etc.				Not Applicable	
City & State		27		5. Certificate of Status Desired		75 Additional	
23		City & State		6. Election Campaign Financing		e Required	
Zip		28			Trust Fund Contribution		.00 мау Ве
24	Country	Zîp	Count	ry	8. This corporation owes the cu	Adi	ded to Fees
24	25 S Nome and Add		30		Personal Property Tax.	rrent year intangible ☐ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New	Registered Agent	
. LU	IS PARAJON		8	1 Name		-gastated Agent	
1570 MADRUGA AVENUE			8:	2 Street Adds	esc (D O Per Number )		
- SUITE 200			] -	- Olicel Addi	ess (P.O. Box Number is Not Accept	able)	<del></del> _
CORAL GABLES FL 33146			8:	3		1811 213 13 1 14	. V
				4 00	- Stand the little for	(4) 种加·欧	
11. Pursuar			84	1		85	Zip Code
office or	nt to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statute	s, the abov	re-named corpo	pration submits this statement for the	purpose et ches-i-	74
agent. I	registered agent, or both, in the State of am familiar with, and accept the obligation	ins of, Section 607.0505, Flor	ithorized by ida Statute:	the corporations	n's board of directors. I hereby acce	ot the appointment a	gits registered s registered
SIGNATURE				••			J
12.	Signature, typed or printed name of registered agent a		Registered Age	nt signature required	when reinstating)	DATE	
TITLE	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIDEC	TODG IN 40
NAME	• =	☐ DELETE	1.1 TITLE		F C RELA	☐ Chan	
1	FARAH, EDWARD		1.2 NAME	}		Onar	ae Cl Addition
STREET ADDRESS	1 112 101 10 Cart 7,1 E, 7,200		1.3 STREET	TADORESS			
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-S	T-ZIP			,
	TD	☐ DELETE	2.1 TITLE			Chang	· · · · · · · · · · · · · · · · · · ·
NAME	LUIS PARAJON		2.2 NAME			□cuan(	ge Addition
STREET ADDRESS	I TOTO THE IDITIONAL PLANE. WE'DO		2.3 STREET	ADDRESS	i i		1
CITY-ST-ZIP	CORAL GABLES FL 33146		2. 4 C/TY-S	T-ZiP			
TITLE	VD	☐ DELETE	3.1 TITLE			Пон-	
NAME	RASHIDA MAMUJEE		3.2 NAME			☐ Chang	e 🔲 Addition
STREET ADDRESS	1570 MADRUGA AVE. #200		3.3 STREET	ADDRESS			ł
CITY-ST-ZIP.,	CORAL GABLES FL 33146	<u></u>	3.4. CITY-ST			·高麗斯 有清朝縣	\$20mm851
TITLE	D	☐ DELETE	4.1 TITLE				<u></u>
NAME	HONIBALL, ROBERT		4, 2 NAME	ĺ	**	Change	e :
STREET ADDRESS	% 8255 SW 152ND AVE #101		4.3 STREET	ADDRESS	•		
CITY-ST-ZIP	MIAMI FL		4.4 C/TY-ST-	1			ļ
TITLE	D	☐ DELETE	5.1 TITLE	<u>ur</u>		<del></del>	
NAME	ALWIN POON TIP	ı	5.2 NAME		and the second of the second	☐ 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 Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1570 MADRUGA AVE. #200

CORAL GABLES FL 33146

1570 MADRUGA AVE. #200

**CORAL GABLES FL 33146** 

HUARTE, JUAN F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

Addition