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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000006359 (2)

1. Corporation Name

SYLFA PROPERTIES CORP.

Principal Place of Business

Mailing Address

215 PHOENETIA AVE
CORAL GABLES FL 33134

1531 SARAGOSSA
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1993

4. FEI Number

65-0385776

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 or has paid the current year Intangible
Personal Property Tax due June 30, ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1557 S.W. 42nd AVE.

26 1557 S.W. 42nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT. # 1

27 APT. # 1

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

Zip

Country

Zip

Country

24 33134

25 U.S.A.

29 33134

30 U.S.A.

9. Name and Address of Current Registered Agent

MONTALVO, FABIAN
215 PHOENETIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

1557 S.W. 42nd AVE

83

APT. # 1

84

City

CORAL GABLES

FL

85 Zip Code

33134

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 of 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

Fabian Montalvo

FABIAN MONTALVO

4-20-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MONTALVO, FABIAN
215 PHOENETIA AVE
CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MONTALVO, SYLVIA
215 PHOENETIA AVE
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VS
FABIAN MONTALVO JR.
1557 S.W. 42nd AVE. APT. 1
CORAL GABLES, FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1557 S.W. 42nd AVE. APT. 1
CORAL GABLES, FL 33134

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
V.S.
FABIAN MONTALVO JR.
1557 S.W. 42nd AVE. APT. 1
CORAL GABLES, FL 33134

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

Fabian Montalvo FABIAN MONTALVO 4-18-98

CR2E034 (10/97)