

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90173 003 ***150.00

DOCUMENT # P93000006359

1. Corporation Name

SYLFA PROPERTIES CORP.

Principal Place of Business

1557 SW 42ND AVENUE
APT 1
CORAL GABLES FL 33134
US

Mailing Address

1557 SW 42ND AVENUE
APT 1
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 ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

26 6216 FARTHING ST.

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FLORIDA

Zip

29 33647

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MONTALVO, FABIAN
1557 SW 42ND AVENUE
APT 1
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

FABIAN MONTALVO

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

6216 FARTHING ST.

83

84 City

TAMPA

FL

85 Zip Code

33647

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

Fabian Montalvo
Signature, typed or printed name of registered agent and title if applicable.

FABIAN MONTALVO

4-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MONTALVO, FABIAN
STREET ADDRESS 1557 SW 42ND AVENUE, APT #1
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME VS
STREET ADDRESS MONTALVO JR., FABIAN
1557 SW 42ND AVENUE, APT #1
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6216 FARTHING ST.
TAMPA, FLORIDA 33647

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6216 FARTHING ST.
TAMPA, FLORIDA 33647

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Fabian Montalvo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABIAN MONTALVO

813-9776163

Date

Daytime Phone #

CR2E034 (11/98)