## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000015380 (7)

STERLING REALTY KEY BISCAYNE, INC.

|   |  |                             |  |                         |           |   |  | <b>. 18</b>   <b>1</b>   18   18   18   18   18   18   18 | <b>                                    </b>       |
|---|--|-----------------------------|--|-------------------------|-----------|---|--|---|---|
| Principal Place of Business Mailing Address                         |  |                             |  |                         |           | I JANISAN IIR INIRO LIIJA NASSI ANSII ANII NASSI              |  | IEILI AREI IRRE   |   |
| 181 CRANDON BLVD #415 999 BRICKELL AVENUE                           |  |                             |  | ΙE                      |           |   |  |   |   |
| KEY BISCAYNE FL 33149   |  |                             | 1006<br>MIAMI FL 33131                     |                         |           |   | DO NOT WRITE IN THIS SPACE   |   |   |
|   |  |                             | MICHIEL COLO                               |                         |           |   | 3. Date Incorporated or Qualified  |   |   |
|   |  |                             |  |                         |           |   | 03/01/1993   |   |   |
| 2. Principal P  | lace of Business   | 28.                         | Mailing Address                            |                         |           |   | 4. FEI Number  | Ap  | plied For   |
| 21 26   |  |                             |  |                         |           |   | 65-0639764   | <del></del>   | t Applicable                                      |
| Suite, Apt. #, etc.   |  |                             | Suite, Apt. #, etc.                        |                         |           |   | 5. Certificate of Status Desired   | \$8.75  |   |
| 22  |  |                             | City & State                               |                         |           | <del></del>   | A Florida O sension Florencia  | Fee Re  |   |
| 23  |  |                             | ·  |                         |           |   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00<br>Added   |   |
| Zip   | Country  | Zip Country                 |  |                         | /         | This corporation owes or has paid the current year Intangible |  |   |   |
| 24  | 25   | 29                          |  | 30                      |           |   | Personat Property Tax due June 30. 🔲 Yes 💢 No  |   |   |
| 9, Name and Address of Current Registered Agent                     |  |                             |  |                         |           |   | 10. Name and Address of New Registered   | Agent   |   |
|   | KAIER, KIRSTEN I ESQ   |                             |  |                         | 81        | Name  |  |   |   |
| 999 BRICKELL AVENUE   |  |                             |  |                         | 82        | Street Add  | oress (P.O. Box Number is Not Acceptable)  |   |   |
| SUITE 1006  |  |                             |  | 83                      | <b></b> _ |   |  |   |   |
| N   | IIAMI FL 33131   |                             |  |                         |           |   |  |   |   |
|   |  |                             |  |                         | 84        | City  | FL   | <b>85</b> Zip (   | Code  |
| 11. Pursuant  | to the provisions of Sections 607                                    | .0502 and 60                | 07.1508, Florida Statu                     | ites, the a             | bovi      | e-named cor   |  | changing it   | s registered                                      |
| office or r   | egistered agent, or both, in the Semifamiliar with, and accept the c | State of Horicobhoations of | la. Such change was<br>Section 607.0505. F | authorize<br>Iorida Sta | d by      | / the corpora<br>s.   | rporation submits this statement for the purpose of<br>ation's board of directors. I hereby accept the app   | ointment as   | registered  |
| SIGNATURE   | The same that the test of the test                                   | , and grade the             | ,  | io. Kia oti             |           | •   |  |   |   |
|   | Signature: typed or printed manic of registers                       |                             |  |                         | ed Age    | ant signature requ  | uired when reinstating) DATE   |   |   |
| 12.   |  | AND DIRLC                   | DELETE                                     | 13.                     |           |   | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTOR  Change  | S IN 12   |
| TITLE   | PS<br>Baier, Kirsten I   |                             | ☐ DELETE                                   | 1.11                    |           |   |  | □ rusinge   | Addition  |
| NAME BAIER, KIRSTEN I STREET ADDRESS 999 BRICKELL AVENUE, SUITE 100 |  |                             | ne   | 1.2 N                   |           | ADDOCED   |  |   |   |
| CITY-ST-ZIP   | MIAMI FL 33131   | <b>,</b>                    | 1 3 STREET ADDRESS<br>1 4 City-St-7ip      |                         | 1         |   |  |   |   |
| TITLE   |  |                             | DELETE                                     | 2.1 1                   |           | 2.2"  |  | Change  | ☐ Addition  |
| NAME  |  |                             |  | 2.2 h                   | 2.2 NAME  |   |  |   |   |
| STREET ADDRESS  |  |                             |  | 2.3 9                   | TREET     | ADDRESS   | and the second s |   |   |
| CITY-ST-ZIP   |  |                             |  |                         |           | ST - ZIP  |  |   |   |
| TITLE   |  |                             | L_ DELFTE                                  | 3.1 1                   |           |   |  | Change  | Addition  |
| NAME  |  |                             |  | 3.2 N                   |           |   |  |   |   |
| STREET ADDRESS  |  |                             |  |                         |           | ADDRESS   |  |   |   |
| CITY-ST-ZIP<br>TITLE  |  |                             | DELETE                                     | 3.4. I                  |           | ST - ZIP  |  | Change  | Addition  |
| NAME  |  |                             | LJ 51111E                                  |                         | NAME      | 1   |  | onungo  |   |
| STREET ADDRESS  |  |                             |  |                         |           | ADDRESS   |  |   |   |
| CITY-ST-ZIP   |  |                             |  |                         |           | ST-ZIP  |  |   | İ   |
| TITLE   |  |                             | DELETE                                     | 5.1 T                   |           |   |  | Change  | ☐ Addition  |
| NAME  |  |                             |  | 5.2 N                   | AME       |   |  |   |   |
| STREET ADDRESS  |  |                             |  | 5.3 9                   | TREET     | ADDRESS   |  |   |   |
| CITY-ST-ZIP   |  |                             |  |                         |           | ST-ZIP  |  |   | <del>, , , , , , , , , , , , , , , , , , , </del> |
| TITLE   |  |                             | DELETE                                     | 6.17                    |           |   |  | Change  | Addition  |
| NAME  |  |                             |  | 6.2 N                   | AME       |   |  |   |   |

14. 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.

SIGNATURE:

Meraten T Bree

4124 98

(303) 312-02156

**FILED** 

May 05 1998 8:00am

Secretary of State

- 1 100 (100 ) 110 (210 ) 1111 | 22 | 11 | 22 | 11 | 23 | 11 | 24 | 11 | 24 | 11 | 25 | 11 | 25 | 11 | 25 | 11