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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300050187 Corporation Name

U.S. BEST REALTY, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90029 013 ***158.75



Principal Place of Business		Mailing Ad	Mailing Address				- E IMMELIMATI UM ENTRA CULTI DE		Altsi Afias icaa	1 (8()) (88) (88)	
4014 CHASE AVENUE		4014 CHASI	4014 CHASE AVENUE								
SUITE 201		SUITE 201					DO NOT WRITE IN THIS SPACE				
MIAMI BEACH I	FL 33140	MIAMI BEAU	MIAMI BEACH FL 33140				3. Date Incorporated or Qualified				
							07/19/1993	iii ca			ļ
2. Principal Pl	Place of Business	2a. Mailing	Address				4. FEI Number		T A	oplied For	1
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Suite, Apt. #, etc:			Suite, Apt. #, etc.							Additional	1
22		— <u> </u>	27				5. Certifcate of Status Desire	ed 🗹	Fee R	equired	<u></u>
City & State			City & State				6. Election Campaign Financing S5.00 May Be				
23	•	28					Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	_	Count	ry		8. This corporation owes the	current year Int			
24	25	29		30			Personal Property Tax.		☐ Yes	No	-
	9. Name and Address of Cur	rrent Registered A	gent	8	a N		10. Name and Address of N	ew Registered	Agent		┨
CAD	RVAJAL, GRACE			°	1 Nam	е					
	5 COLLINS AVE.#11-J			8	2 Stree	t Addre	ss (P.O. Box Number is Not Ac	ceptable)			
	RESIDE FL 33154			}_	3				.		ł
JUN	II OIDE LE 30 104				3		_				
	* *			8	4 City			FL	85 Zip	Code	1
44 5	to the provisions of Sections 607.	0500 and 607 1500	Elerido Statuto	s the ehe		od corno	ration submits this statement fo		changing its	registered	₹
office or n	registered agent or both in the Sta	late of Florida. Such	change was au	ithorized C	ov the co	poration	n's board of directors. I hereby	accept the appoi	ntment as re	egistered	
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agent, I a	am familiar with, and accept the ob		607.0505, Flori	ida Statute	es.						
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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 suppliementary 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 eceiver or trastee 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EQUIRED SIGNATURE AND TYPED OF PRINTED HAME OF DISNING OFFICER OR DIRECTOR