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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000064528

1. Corporation Name

COELHO DA FONSECA & FORTUNE REALTY CORPORATION

							HAI ORAHI BRII	B BIGH BIBBI BIGH		
Principal Place	e of Business	Mailing Address								
2666 BRICKELL	AVE.	2666 BRICKELL AVE.								
3RD FLOOR		3RD FLOOR			1	DO NOT IVE	T T	C CDACE		
MIAMI FL 33129		MIAMI FL 33129			-	DO NOT WRITE IN THIS SPACE				
						1 .	Date Incorporated or Qualifed 09/16/1993			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				FEI Number		Apı	lied For
21		26				65-0441590		No	Applicable	
Suite, Fpt. #, etc.		Suite, Apt. #, etc.			-	Certifcate of Status Desired		\$8.75 △		
22					5.	Certiff ale of Status Desired		Fee Re	quired	
City & State		City & State			6.	Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	₃ Fees	
Zip	Country	Zip	Zip Country			8.	This corporation owes the cur-	ent year I	ntangible	
24	25	29	30				Perso ial Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New I	Register	d Agent	
				81	Name					
	ORTUNA, EDGARDO			82	Street A to	iress (P	P.O. Bo (Number is Not Accept	able)		
	BRICKELL AVE.				(1		, 			
	FLOOR			83						
MIAN	II FL 33129			84	City				85 Zip C	ode
				04	City			F'		.000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the al	oove	-named c or	poration	n submits this statement for the	purpose o	of changing its	egistered
office or n	egistered agent, or both, in the State mailiar with, and accept the obligations.	of Florida. Such change was au	thorized	bv 1	the corporat	ion's bo	oard of directors. I hereby acce	pt the ap o	ointment as reç	istered
SIGNATURE					t signature recuir			DATE		
	Signature, typed or printed nome of registered age				signature recur		ADDITIONS/CHANGES TO OF		NO DIRECTO	RS IN 12
TITLE				1.1 TITLE			ADDITI SNO/CITANOLO TO OF	TIOCHO!	Change	Addition
				12 NAME						
NAME	COCC PRIOVELL AVENUE APP FLOOR									
STREET ADDR :SS		LOON	1	1.3 STREET ADDRESS						
CITY-ST-ZIP			_	14 CITY-ST-ZIP					Change	Addition
TITLE	_			2.1 TITLE					Change	Ŭ
NAME	COELHO DA FONSECA, ALVAI		2.2 NA							
STREET ADDR ESS	2666 BRICKELL AVENUE, 3RD	FLOOR	1		ADDRESS					
CITY-ST-ZIP	MIAMI FL 33129		_	2.4 CITY-ST-ZIP					Change	Addition
TITLE			3.1 TITLE					Change	L HOURDI	
NAME			1	3.2 NAME						
STREET ADDR :SS	:88			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. C	TY-\$	T-ZIP					A didition
TITLE		☐ DELETE	4 1 TITLE						Change	Addition
NAME			4. 2 N	AME						
STREET ADDR :SS			43\$1	4 3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-5		r-ZIP					
TITLE		DELETE	51 TITLE						Change	Addition
NAME .			52 NA	WE						
STREET ADDR :SS			53 ST	REET	ADDRESS					
CITY-ST-ZIP			5 4 CF		-ZIP					
TITLE	☐ DELETE 6		6 1 TI	1 TITLE					Change	Addition
NAME			6.2 NA	ME						
STREET ADDR :SS			6.3 S1	REET	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST	r-ZIP					<u>, </u>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further certify that the ir formation 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 attas ment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #