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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075098

1. Corporation Name

SANTA MARIA DEVELOPMENT, INC.

Principal Place of Business Mailing Address						t 10041001 110 10100 1	1111 BBIII AA111 AA111 AA41	il 1200 1 Antil Abita	(8)91 (81) (89)
701 BRICKELL AVENUE SUITE 3150 MIAMI FL 33131		701 BRICKELL AVENUE SUITE 3150 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or	Qualifed		
2 Oringinal Pl	ace of Business	2a. Mailing Address				10/21/1993 4. FEI Number			plied For
21 21	26	,			65-0448888			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	
22		27			5. Certifcate of Status D	resired — 🗀	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Countr	ry		8. This corporation owe			
24	25	29 30				Personal Property Ta		Yes	□No
	9. Name and Address of Curren	8	1 N	Name	10. Name and Address	of New Registered	a Agent		
CMC	GROUP, INC.				···				
701 BRICKELL AVENUE			82	2 5	Street Address (P.O. Box Number is Not Acceptable)				
SUIT	E 3150		83	3					
AAIM	AI FL 33131		84	4 6	City	- 		. 85 Zip	Code
					-		F	L i	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the abor	ve-n	named corpor	ation submits this stateme	nt for the purpose of eby accept the app	of changing its ointment as re	registered gistered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statute	95.	a oo.po.a	•	, , ,,		Ĭ
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Rec ND DIRECTORS	gistered Age	ent sk	gnature required v	ADDITIONS/CHANGE		AND DIRECTO	ORS IN 12
TITLE	P	DELETE	1.1 TITLE			- NODINGIOIGIO IN BIOL	0.0000	Change	Addition
NAME	COLOMBO, UGO		1.2 NAME						
STREET ADDRESS	701 BRICKELL AVE #3150		1.3 STREE	ET AD	OORESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-Z	IP.				
TITLE	VP .	☐ DELETE	2.1 TITLE			``		☐ Change	Addition
NAME	Murphy, arthur J		2.2 NAME			•			
STREET ADDRESS	701 BRICKELL AVE #3150	iO 2.3 s		.3 STREET ADDRESS		مستواهد المجادات			.
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-		ZIP			Change	☐ Addition
πιε	S	☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME	MACKAY, MICHAEL		3.2 NAME						
STREET ADDRESS	711 3RD AVE		3.3 STRE		1				
CITY-S1-ZIP	NEW YORK NY		3.4. CITY- 4.1 TITLE		ZIP			□ Change	☐ Addition
TITLE NAME	as Ridenhour, esther f	- Section	4. 2 NAME					_ ,	
STREET ADDRESS			4.3 STRE		ODRESS				
CITY-ST-ZIP	701 BRICKELL AVE #3150 MIAMI FL		4.4 CITY-						ĺ
TITLE	INICARRE I C	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME	Ē					
STREET ADDRESS			5.3 STRE	ET AD	ODRESS				
CITY-ST-ZIP			5.4 CITY-	ST-Z	3P				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME						Ì
OTOCCT ABDOSOO	}		6.3 STRE	ET AD	DORESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #