Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90044 037 ***150.00

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

DOCUMENT #	P94000009132
4 Corporation Name	1 0 1000000106

Corporation Name

72 AND FLAGLER CORPORATION

72 AND	FLAGLER CONFORMION												
Principal Place	of Rusiness	Mailing Address				1 .			iii Pi iif		I DO I HALA HADA YORK		
·		3795 SE 108 AVENUE			•	1.							
7190 WEST FLI MIAMI FL 3314		MIAMI FL 33165											
US		US				DO NOT WRITE IN THIS SPACE							
	33144						Date Incorporated or Qualifed 02/04/1994						
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number				Applied For		
21 26							65-0478928			Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.				 -			5. Certificate of Status Desired \$8.75 Additional						
22 27				•			· · · · · · · · · · · · · · · · · · ·			Fee F	Required		
City & State City & State							Election Campaign Financing		:	•	May Be		
23		28					Trust Fund Contribution				to Fees		
Zip	Country	Zip	Coun	try		1	This corporation owes the curr	ent year					
24	25		30				Personal Property Tax.			Yes	□No		
	9. Name and Address of Curre	nt Registered Agent		.aT	N	10.	Name and Address of New F	cegistere	a Age	nt			
DI ID	IO VANILLIAA		1	31	Name						1		
	io, William 5 SW 108 Avenue		1	32	Street Addres	ss (P.	O. Box Number is Not Accepta	able)					
MIAI	MI FL 33165		ļī	33									
				34	City				. 8	5 Zir	Code		
			1		·			<u> </u>	L		,		
office or o	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	inonzed i	ov tn	named corpor le corporation	ration i's boa	submits this statement for the ard of directors. I hereby accep	purpose of the app	of char ointme	nging i ent as i	ts registered registered		
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable (NOTE: E	Penistered A	oont s	ignature required v	when re	einstating)	DATE					
12.		ND DIRECTORS	13.	gen a			ADDITIONS/CHANGES TO OF	FICERS	AND D	IRECT	ORS IN 12		
TITLE	PD	DELETE	1.1 TITL							Change			
NAME	RUBIO, WILLIAM		1,2 NAM	Е							ļ		
STREET ADDRESS	3795 SW 108 AVENUE		13 STR	FETAI	DDRESS						1		
	MIAMI FL		1.4 CITY										
CITY-ST-ZIP TITLE	VPD	☐ DELETE	2.1 TITL		-					Change	Addition		
NAME .	RUBIO, GEORGE		2.2 NAM			?							
	3795 SW 108 AVENUE		2.3 STR		nopess						ĺ		
STREET ADDRESS	MIAMI FL		2.4 CIT			1'					ļ		
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	3.1 TITL		ZJF		<u>., ' </u>			Change	a ☐ Addition		
			3.2 NAM										
NAME					DDRESS								
STREET ADDRESS													
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT 4.1 TITL		411	,				Change	Addition		
			4. 2 NAM						_				
NAME					DORESS								
STREET ADDRESS			1										
CITY-ST-ZIP	·	☐ DELETE	4.4 CITY 5.1 TITL		ZIP					Change	Addition		
TITLE			5.2 NAM								_		
NAME					DDRESS						!		
STREET ADDRESS			5.4 CITY		1						1		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL							Change	Addition		
			6.2 NAM	E					_	•	l		
NAME.		•			DDRESS								
STREET ADDRESS		1/	5.00.70										

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 of 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, door an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 | 13 | Date

(305)261-030