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

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90120 018 ***150.00

DOCUMENT # P94000022759

1. Corporation Name

LAS DUNAS, INC.

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Principal Place of Business	Mailing A	ddress				1 10011001110111	1811 1 01 0 14 170181 10	1 2 131 83 111 8 311 1	11816 11817 1880	ופטי ונטו פנווט ו
601 BRICKELL KEY DR. 601 BRI SUITE 501 SUITE 5		D1 BRICKELL KEY DR. USTE 501 IAMI FL 33131-2651				r	OO NOT WR	ITE IN THIS	SPACE	
MIAMI FL 33131-2651	MIAMI FL	33131-2031			3.	Date Incorporate				
						03/17/1994				ļ
2. Principal Place of Business	2a Mailin	g Address				FEI Number			Ar	oplied For
<u> </u>	26					65-0478589				ot Applicable
Suite, Apt. #, etc.		Apt. #, etc.							\$8.75	Additional
22	27				5.	Certifcate of State	us Desired		Fee Re	equired
City & State		k State			6.	Election Campaig	n Financing		\$5.00	May Be
23	28				Ī	Trust Fund Contr	ibution		Added	to Fees
	Country . Zip		Country	у	8.	This corporation	owes the cur	rent year In	tangible	<i>,</i>
24 25	29	36	5]			Personal Property			☐ Yes `	√ZNo .
	Address of Current Registered	Agent			10.	Name and Addr	ess of New	Registered	Agent	
			81	1 Name						
GUTIERREZ, RENAI			82	2 Street A	Address (P	O.O. Box Number i	s Not Accept	table)		
601 BRICKELL KEY	OR.									
SUITÉ 501	· 		83	3						ļ
	15.1								10-1 70-	
MIAMI FL 33131-26	~'		9.4	4 City						
			84					FL	-	Code
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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 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 chapted, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition