COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

C/O ALVARO SANCHEZ 156 PALOMA DR

CORAL GABLES FL 33143

Suite, Apt. #, etc.

2a. Mailing Address

26

PROFIT CORPORATION ANNUAL REPORT

1999

incipal Place of Business

Principal Place of Business

1 NW 8TH STREET

Suite, Apt. #, etc.

MI FL 33126



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P94000039767

HIALEAH FLAMINGO APARTMENTS, INC.

		27					Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
		28				_	Trust Fund Contribution Added to Fees
Zip	Country Zip		Zip .	Country			8. This corporation owes the current year
	25	29		30		_	Intangible Personal Property. Yes X No
	9. Name and Address of Current	Registe	red Agent				10. Name and Address of New Registered Agent
					81 Name		
SANCHEZ, ALVARO					82 Street Address (P.O. Box Number is Not Acceptable)		
156 PALOMA DR					Officer Address (1.5. Box Hamber to Not Acceptable)		
CORAL GABLES FL 33143					83		
					84	City	85 Zip Code
					54	City	FL S Zp code
 Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. 							
SNATURE .	Signature, typed or printed name of registered agent	and title if a	pplicable. (NO	TE: Registe	red A	gent signature red	uired when reinstating) DATE
	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
E	DELETE			1.1 TIT	1.1 TITLE		Change Addition
E	ANCHEZ, ALVARO A			1.2 NA	1.2 NAME		
EET ADDRESS	156 PALOMA DR			1.3 ST	1.3 STREET ADDRESS		
/-ST-ZIP	CORAL GABLES FL 33143			1.4 CI	TZ-YT	ZIP	
E	VP DELETE			2.1 TIT	2.1 TITLE		Change Addition
E	SANCHEZ, BLANCA		2.2 NA	2.2 NAME		-	
EET ADDRESS	156 PALOMA DRIVE	-		2.3 ST	RÉET	ADDRESS	The second secon
-ST-ZIP	CORAL GABLES FL			2.4 CI	TY-ST	-ZIP	
E			DELETE	3.1 TIT	LE		Change Addition
ıE				3.2 NA	ME.		
EET ADDRESS				3.3 ST	REET	ADDRESS	
-ST-ZIP				3.4 CI1	TY-ST	-ZIP	
E .			DELETE	4.1 TIT	LE		Change Addition
E j	,		—	4.2 NA	ME	1	
ET ADDRESS				4.3 ST	REET	ADDRESS	
ST-ZIP				4.4 CI	Y-ST	-ZIP	
Ē			DELETE	5.1 TIT			Change Addition
E				5.2 NA	ME		·· • •
EET ADDRESS				5.3 ST	REET	ADDRESS	
-ST-ZIP				5.4 CI	TY-ST-	-ZiP	
E			DELETE	6.1 TIT			Change Addition
·ε (J	6.2 NA	ME		
EET ADDRESS						ADDRESS	
-ST-ZIP				6.4 CI			
I hereby ce	ertify that the information supplied with t	his filing	does not qualify for th	e exemp	tion	stated in sec	tion 119.07(3)(i), Florida Statutes. I further certify that the information
indicated o	on this annual report or supplemental a	nnual re	port is true and accur	ate and t	that	mv signature	shall have the same legal effect as if made under oath; that I am quired by Chapter 607, Florida Statutes; and that my name appears

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90030 014 ***550.00 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1994 4. FEI Number Applied For 65-0501278 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

IGNATURE:

Daytime Phone #