FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P94000045830 (4)

FILED Mar 18 1998 8:00am Secretary of State

THE G	allehy plaza manageme	NI, ING.				
Principal Place of Business Mailing Address					s sabridae ira ialit ninkt darit naure natit natit na	1884 84181 48188 15161 8811 1831
111 EDGEWATER DRIVE 111 EDGEWATER DRIVE						
CORAL GABLES FL 33133 CORAL GABLES FL 33133					DO NOT WRITE IN THIS	S SPACE
					3. Date incorporated or Qualified	
					06/20/1994	İ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0500303	Not Applicable	
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7(0)	2φ Country			
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
[-]	9. Name and Address of Current		1001		10. Name and Address of New Registere	
VIL	LAR, PEDRO JR		81	Name		
111 EDGEWATER DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33133			L	,	
			63)]		
			84	City		85 Zip Code
		1 007 4500 51 11 01			F	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State c	rand 607.1508, Honda Sta of Florida. Such change wa	itutes, the abov is authorized b	re-named corp by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	opointment as registered
agent I a	m familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Statute	8.		_
SIGNATURE	Signature, type disc position ratios of regulated agen-	social title if accept white the second	VOTE Registered Ar	ent signature regul	red when reinstating) DATE	
12.	OFFICERS AND		13.	portal anglication a resignation	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	VILLAR, PEDRO JR		1.2 NAME			l:
STREET ADDRESS	111 EDGEWATER DRIVE		1.3 STREE	T ADDRESS		Įį
CITY-ST-ZIP	CORAL GABLES FL 33133		1.4 CITY-	ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TIFLE			☐ Change ☐ Addition
NAME	VILLAR, PEDRO SR		22 NAME			
STREET ADDRESS	111 EDGEWATER DRIVE		2.3 STAEE	T ADDRESS		ļ
CITY-ST-ZIP	CORAL GABLES FL 33133	- Bereat	2. 4 CITY-	ST-ZIP		Change Laddition
TITLE]	TD OLGA	DELETE	3.1 TITLE	}		Change Addition
NAME	VILLAR, OLGA		3.2 NAME	T 4000F00		
STREET ADORESS	111 EDGEWATER DRIVE CORAL GABLES FL 33133			T ADDRESS		i
CITY-ST-ZIP TITLE	COMIL GABLES FL 33133	DELETE	3.4 CITY-	31-ZIP		Change Addition
NAME			4. 2 NAME		•	- rwenten
STREET ADDRESS				I ADDRESS		
CITY+ST-ZIP			43 STREE			į
TITLE		DELETE	51 TITLE	G, ER		Change Addition
NAME			5.2 NAME	ł		·
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY+S1-ZIP			6.4 CITY -			
14, I hereby d	certify that the information supplied wit	h this filing does not qualif	y for the exemp	ction stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the Information

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

SIGNATURE: