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Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90013 022 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000076084

1. Corporation Name

LANDLORD MANAGEMENT SERVICES, INC.

Principal Place of Business

87 W MCINTYRE ST
KEY BISCAYNE FL 33149

Mailing Address

P.O. BOX 773
KEY BISCAYNE FL 33149
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALA, A ROSEMARY

LANDLORD MANAGEMENT SERVICES, INC.

104 CRANDON BLVD SUITE 302
KEY BISCAYNE FL 33149

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
TARAF, ANTONIO J
87 W MCINTYRE ST
KEY BISCAYNE FL 33149

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
TARAF, ELIA
87 W MCINTYRE ST
KEY BISCAYNE FL 33149

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TARAF, EDUARDO
87 W MCINTYRE ST
KEY BISCAYNE FL 33149

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
TARAF, ANTONIO J
87 W MCINTYRE ST
KEY BISCAYNE FL 33149

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
TARAF, ANTONIO J
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
TARAF, ANTONIO J
87 W MCINTYRE ST
KEY BISCAYNE FL 33149

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1/14/99

305-361-1689

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