**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000077343**1. Corporation Name

CW REALTY MANAGEMENT, INC.

Principal Place of Business Mailing Address			(   Entrange to contract the contract of the c	
7360 S.W. 24TH ST. 7360 S.W. 24TH ST.				
SUITE 36 SUITE 36 MIAMI FL 33155 MIAMI FL 33155			DO NOT WRITE IN THIS SPACE	
MIAMI FL 33133 MIAMI FL 33133			3. Date Incorporated or Qualifed	
\				10/20/1994
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26	·	65-0547515 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	- ' ' '	1 rust Fund Contribution Added to Fees
Zip	Country.	Zip	Country	8. This corporation owes the current year Intangible  Personal Property Tax. Yes No
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 3	0	Personal Property Tax.
9. Name and Address of Current Registered Agent  81 Name				101 Hallie Blid Address of Heat Vehistered Walle
ARGIMON, CONSTANTINO				
7360 S.W. 24TH ST.		82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 36		83		
MIAI	MI FL 33155			
			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 r	egistered agent, or both, in the State o im familiar with, and accept the obligati	if Florida. Such change was auti ons of, Section 607.0505, Florid	norized by the corpo la Statutes.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered agent		egistered Agent signature r	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ARGIMON CONSTANTINO			
NAME	7360 SW 24TH ST, #36		1.2 NAME	
STREET ADDRESS	7300 SW 241H 31, #30		1.3 STREET ADDRESS	
CITY-ST-ZIP	T	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE	ARGIMON ANGELA	C) OCCU	2.2 NAME	
NAME	7000 CW OATH CTREET #00			
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS	
CITY-ST-ZIP	MAMILE	☐ DELETE	2. 4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	** n -		3.2 NAME	
1			3.3 STREET ADDRESS	
STREET ADDRESS			3.4. CITY-\$T-ZIP	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	☐ Change ☐ Additi
NAME	* !		4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	****	[] DELETE	5.1 TITLE	☐ Change ☐ Additi
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
1100		<u> </u>	62 NAME	

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90022 013 \*\*\*150.00