## 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 # P95000031179 (1)

INMOBILIARIA OF SOUTH FLORIDA, INC.

| Principal Place of Business Mailing Address       |  |                                     |                          |                   |  |
|---|--|-------------------------------------|--------------------------|-------------------|--|
| 3333 8. CON<br>SUITE 4038                         | IGRESS AVE                                       |                                     | 3333 S. CONGRESS AVE     |                   | ,  |
| DELRAY BEACH FL 33445                             |  | SUITE 403B<br>Delray Beach FL 33445 |                          |                   | DO NOT WRITE IN THIS SPACE   |
| [   |  |                                     | •                        |                   | 3. Date Incorporated or Qualified  |
|   |  |                                     |                          |                   | 04/20/1995   |
|   | Place of Business                                | 2a. Mailing Address                 |                          |                   | 4. FEI Number Applied For  |
| 21  | 4 -10  | 26                                  |                          |                   | 65-0674117 Not Applicable  |
| Sulte, Apt. #, etc.                               |  | Suite, Apt. #, etc.                 |                          |                   | 5. Certificate of Status Desired   \$8.75 Additional Fee Regulred  |
| City & State                                      |  | City & State                        |                          |                   | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |  | 28                                  |                          |                   | Trust Fund Contribution  |
| Zip   | Country  | Ζφ                                  | Country                  |                   | 8. This corporation owes or has paid the current year Intangible   |
| 24  | 25   | [29]                                | 30                       |                   | Personal Property Tax due June 30. Yes No  |
| <u> </u>  | 9. Name and Address of Curre                     | ent Registered Agent                | 81                       | Name              | 10. Name and Address of New Registered Agent   |
|   | JINGS, INC.                                      |                                     | 61                       | name              | ANGELO SCARDINA  |
| 3732 N.W. 16TH STREET<br>FORT LAUDERDALE FL 33311 |  |                                     |                          | Street Ad<br>333. | Address (P.O. Box Number is Not Acceptable) 33 So Congress Ave #403B   |
|   |  |                                     | 83                       |                   |  |
|   |  |                                     | 84                       | City De           | Delray Reach - 85 Zip Code   |
|   |  |                                     |                          | D                 | FL   33445   |
| 11. Pursuant                                      | to the provisions of Sections 607.05             | 502 and 607.1508 Horida Statute     | es, the above            | -named co         | corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered |
| agent la  | m familiar with, and accept the obli             | igations of Section 607 6605, Flo   | orida Statutes           | ine corpor        | oration's board or directors. Thereby accept the appointment as registered   |
| SIGNATURE   |  |                                     |                          |                   |  |
|   | Signature, typed or printed name of registered a | <del></del>                         |                          | nt signature rec  | required when reinstating) DATE  |
| 12,<br>TITLE                                      | D OFFICERS A                                     | ND DIRECTORS  DELETE                | 13.                      |                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| NAME  | SCARDINA, ANGELO                                 | otter                               | 1.2 NAME                 |                   | ANGELO SCARDINA  |
| STREET ADDRESS                                    | 8729 VIA GUILIA                                  |                                     | 1.3 STREET               | ADDRESS           | 3333 So Congress Ave #403B   |
| CITY-ST-ZIP                                       | BOCA RATON FL 33498                              |                                     | 1.4 CITY-S               | 1.                | 3333 So Congress Ave #403B<br>Delray Beach Fl 33445  |
| TITLE   | 000117111011101110                               | DELETE                              | 2.1 TITLE                |                   | Change Addition  |
| NAME  |  | size                                |                          | ł                 |  |
| STREET ADDRESS                                    |  |                                     | 2.3 STREET               | ADDRESS           |  |
| CITY-ST-ZIP                                       |  |                                     | 2. 4 CITY - S            | T-ZIP             |  |
| TITLE   |  | ☐ DELETE                            | 3.1 TITLE                |                   | ☐ Change ☐ Addition  |
| NAME  |  |                                     | 3.2 NAME                 |                   |  |
| STREET ADDRESS                                    |  |                                     | 3.3 STREET               | address           |  |
| CITY-ST-Z#P                                       |  |                                     | 3.4. CITY - S            | T-ZIP             |  |
| TITLE   |  | ☐ DELETE                            | 4.1 TITLE                |                   | Change Addition  |
| NAME  |  |                                     | 4.2 NAME                 | }                 |  |
| STREET ADDRESS                                    |  |                                     | 4.3 STREET               | ı                 |  |
| CITY-ST-ZIP                                       |  | T poste                             | 4.4 CITY-SI              | - ZIP             |  |
| TITLE   |  | ☐ DELETE                            | 5.1 TITLE                |                   | Change Addition  |
| NAME  |  |                                     | 5.2 NAME                 |                   |  |
| STREET ADDRESS                                    |  |                                     | 5.3 STREET               |                   |  |
| CITY-ST-ZIP<br>TITLE                              |  | DELETE                              | 5.4 CITY-ST<br>6.1 TITLE | - £IP             | Change Addition  |
| ļ   |  |                                     |                          | ļ                 | Ollange Audulion   |
| NAME<br>DYDEET ADDRESS                            |  |                                     | 6.2 NAME                 | *DODE CC          |  |
| STREET ADDRESS                                    |  |                                     | 6.3 STREET               | ADDKESS           |  |

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.

**FILED** 

Feb 11 1998 8:00am

Secretary of State