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

PROFIT **CORPORATION** ANNUAL REPORT



FILED Feb 19, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

1	999 DIVISION OF CORPORATIONS					02-19-1999 90100 049 ***150.00		
	MENT # P95	000037	549					,
	LAND DEVELOPME	NT, INC.					: 	41 4 (8(1)) 44)
***************************************		·						
Principal Place	of Business	Maili	ng Address					
2665 S BAYSHORE DR 2665 S BAYSHORE DR								
STE 202 SIE 202						DO NOT WRITE IN THIS SPACE		
OCCORD GROVE TE SOURCE						3. Date Incorporated or Qualifed		
US		•				05/11/1995		
2. Principal Pla	ice of Business	2a. 1	2a. Mailing Address			4. FEI Number		lied For
21			26			65-0580843	\$8.75 Ad	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requ	1
22			27			Elephonical Elephonical	\$5.00 N	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23		28	Zip	Countr		8. This corporation owes the current year In	ıtangible	
Zip	Country	29		<u>.</u>	,	Personal Property Tax.	∐ YesL	<u>₽</u> No
24	9. Name and Address			-		10. Name and Address of New Registered	l Agent	
	9. Name and Address	<u> </u>		8	1 Name			ļ
RAA1	TAMA, HENRY H			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
ONE SE 3RD AVE, 28TH FLOOR								——
MIAMI FL 33131				8	3	•		
1				8	4 City	F	85 Zip C	ode
					<u></u>	the state of the purpose of	of changing its r	registered
11. Pursuant	to the provisions of Section	ns 607.0502 and 60	7.1508, Florida Statutes	s, the abo	ove-named cor no the corporat	poration submits this statement for the purpose clion's board of directors. I hereby accept the appoint	ointment as reg	istered
office or re	egistered agent, or both, ir n familiar with, and accept	the obligations of,	Section 607.0505, Flori	da Statute	es.		•	
CICNIATURE						red when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of		· <u>·</u>	13.	gent signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
12.		ICERS AND DIREC	DELETE	1.1 TITLE	E		Change	☐ Addition
TITLE	D Warren, Richard /	٨	—	1.2 NAM	E			
NAME	2665 S BAYSHORE I			1.3 STRE	EET ADDRESS			
STREET ADDRESS	COCONUT GROVE F			1,4 CITY	-ST-ZIP			
CITY-ST-ZIP TITLE	COCONOT GROVES	<u> </u>	☐ DELETE	2.1 TITL	E		Change	Addition
NAME				2.2 NAM	IE			
STREET ADDRESS				2.3 STR	EET ADDRESS	,	•	
CITY-ST-ZIP		_			Y-ST-ZIP		□ Change	* Addition
TITLE			☐ DELETE	3.1 TITL	E			ا
NAME				3.2 NAM				ļ
STREET ADDRESS					EET ADDRESS		٠	
CITY-ST-ZIP			FINELETE		Y-ST-ZIP		Change	Addition
TITLE			☐ DELETE	4.1 TITL	ì			
NAME				4. 2 NA	REET ADDRESS			
STREET ADDRESS					Y-ST-ZIP			
CITY-ST-ZIP			DELETE	5.1 TITL			☐ Change	Addition
TITLE				5.2 NAM			. *	
NAME				5.3 STF	REET ADDRESS		•	
STREET ADDRESS				5.4 CIT	Y-ST-ZIP		<u> </u>	part 4 1 1 1 1
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TIT!	LE		Change	Addition
NAME				6.2 NA	ME	•		
STREET ADDRESS	3				REET ADDRESS	e e		
1	1			T C L OF	V ST 715			

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. CITY-ST-ZIP

SIGNATURE: