

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90075 033 ***150.00

DOCUMENT # P95000047485

1. Corporation Name
COMILLAS LAND, INC.

Principal Place of Business
**9688 S.W. 24TH ST.
MIAMI FL 33165**

Mailing Address
**9688 S.W. 24TH ST.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

65-0595531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M
782 NW LEJEUNE ROAD
SUITE 548
MIAMI FL 33126**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **HERRAN, MANUEL A**
STREET ADDRESS **8460 S.W. 5TH ST.**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **S** ☐ DELETE
NAME **VALDES, DANIEL R**
STREET ADDRESS **9755 S.W. 62 ST.**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **HERRAN, Manuel A.**
1.3 STREET ADDRESS **8460 SW 5th Street**
1.4 CITY-ST-ZIP **Miami, Florida 33144**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **VALDES, Daniel R.**
2.3 STREET ADDRESS **9755 SW 62 Street**
2.4 CITY-ST-ZIP **Miami, Florida 33173**

3.1 TITLE **DVP** ☐ Change ☒ Addition
3.2 NAME **HERRAN, Agustin**
3.3 STREET ADDRESS **8121 SW 198 Street**
3.4 CITY-ST-ZIP **Miami, Florida 33189**

4.1 TITLE **DT** ☐ Change ☒ Addition
4.2 NAME **HERRAN, Jose A.**
4.3 STREET ADDRESS **8455 Grand Canal Drive**
4.4 CITY-ST-ZIP **Miami, Florida 33144**

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

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

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.

SIGNATURE: **DANIEL R. Valdes**

2/1/99

221-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)