

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90157 020 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000054331**

1. Corporation Name  
**SANTA MARIA HOLDINGS, INC.**



Principal Place of Business  
2801 PONCE DE LEON BLVD  
SUITE 1200  
CORAL GABLES FL 33134  
US

Mailing Address  
%L M PLOUCHA  
1946 TYLER STREET  
HOLLYWOOD FL 33022-2088

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

*McGrane & Nosich, P.A.*  
*2801 Ponce De Leon Blvd.*  
*10th Floor*  
*Coral Gables, FL*  
*33134*  
*US*

3. Date Incorporated or Qualified  
**07/10/1995**

4. FEI Number  
**65-0624398**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

7. Trust Fund Contribution ☐

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

**9. Name and Address of Current Registered Agent**

**KRAMER, ROBERT M.**  
**4000 HOLLYWOOD BLVD.**  
**SUITE 485 SOUTH**  
**HOLLYWOOD FL 33021**

**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 |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------------------|---|--|
| TITLE                      | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCGRANE, PATRICIA                    | 1.2 NAME  |  |
| STREET ADDRESS             | 4114 SANTA MARIE                     | 1.3 STREET ADDRESS                                    | 4114 Santa Maria   |
| CITY-ST-ZIP                | CORAL GABLES FL                      | 1.4 CITY-ST-ZIP                                       | Coral Gables, FL 33146   |
| TITLE                      | <input type="checkbox"/> DELETE      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 2.2 NAME  |  |
| STREET ADDRESS             |                                      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 3.2 NAME  |  |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 4.2 NAME  |  |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 5.2 NAME  |  |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 6.2 NAME  |  |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                      | 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:

*Patricia McGrane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99

30560678394

CR2E034 (11/98)