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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90045 012 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000062497

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP,

EL COQI	ULREALTY CORP.			1			
			•				
Principal Place	e of Business	Mailing Address					-
1685 BEL AIR AVE 1685 BEL AIR AVE							
ORLANDO FL 32812 ORLANDO FL 32812				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qui		<u>.:_,</u>	
				08/11/1995			
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		App	lied For
21	·	26		65-0624826			Applicable
Suite, Apt. #, etc. Suite, Apt. #, et		Suite, Apt. #, etc.	•	5. Certificate of Status Desir	red 🗆	\$8.75 A	
		27.				Fee Rec	
City & State		City & State		 Election Campaign Finar Trust Fund Contribution 	icing 🗆	\$5.00 M Added to	
23 Zin	Country	Zip	Country	8. This corporation owes the	o ourront year In		rees
Zip	25	29	30	Personal Property Tax.	e current year in		No
24	g. Name and Address of Curren		30	10. Name and Address of	New Registered		Δ
	3.		81 Name	+11-2	T	0	
CAS	Tellanos, Roberto C		82 Street Addw	SICHANUS, ICC) Par 9		
4313	LK MARGARET DR.			Box Number is Not A	SUA		
ORL	ANDO FL 32812		83				
			84 City			85 Zip.C	ode
			I I OKI	opna	FL	. 32	5 2
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 again for beth, in the State of Norda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
SIGNATURE	FIZE HOSE	φ $\overline{}$		7-19-	ገ ነ		
	Signature, typed or printed name of registered agen		(NOTE: Registered Agent signature required		DATE		
12.	OFFICERS AN	D DIRECTORS	13. E 1.1 TITLE PV	ADDITIONS/CHANGES T	O OFFICERS AF	Change	Addition
TITLE	CASTELLANOS, ROBERTO C	tal becar	12 NAME	stallanas Robe	.D.ofa:	A	_
NAME	4313 LAKE MARGARET DR. «		1.3 STREET ADDRESS 16	85 Bel Air	400		
STREET ADDRESS	ORLANDO FL 32812				32812		
CITY-ST-ZIP	OTENIDO FE SESTE	☐ DELET				☐ Change	Addition
NAME		_	2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				j
-CITY-ST-ZIP			-2:4 CITY-ST-ZIP-	حاورت الإستشتان			
TITLE		DELET				Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELET	TE 4.1 TITLE			Change	Addition
NAME	,		4. 2 NAME				Į
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	<u></u>		4.4 CITY-ST-ZIP			F106	FT3 Addition
TITLE		☐ DELET	4			[] Change	Addition
NAME	<i>.</i>		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		DELE1	5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
TITLE			6.2 NAME			LJ Gridinge	
NAME			6.3 STREET ADDRESS				
STREET ADDRESS	1000						

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 the receiver of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corporatio **SIGNATURE**

6.4 CITY-ST-ZIP