## 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

DOCUMENT #

1. Corporation Name

Principal Place of Business

MIAMI FL 33184

ICNATURE

P950000721321

OLD TOWN INVESTMENT INC

Mailing Address

\* 5 585045 2000 47 9 \*

**FILED** 

Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90008 017 \*\*\*550.00

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Zip Code

12260 SW 8 STREET 8480 SW 94TH STREET					
SUITE 224 MIAMI FL 33156			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33184			3. Date Incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address		09/18/1995 4. FEI Number	Applied For	
7	26		65-0641145	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Cc	ountry	This corporation owes the current year li  Personal Property Tax.	ntangible ☐ Yes   【XNo	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DIAZ DE VILLEGAS, ELE	N A	81 Name			
12260 SW 8 STREET	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 224		02			

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.

City

IONATORE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE							
2.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12			
LE	D	☐ DELETE	1.1 TITLE	Change	Addition			
ME	ALEMAN, ARMANDO J.		1.2 NAME					
REETADORESS	1		1.3 STREET ADDRESS		Ì			
Y-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP					
LE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition			
ME	DE VILLEGAS, ELENADO		2.2 NAME					
REET ADDRESS			2.3 STREET ADDRESS		}			
Y-ST-ZIP	8480 SW 94TH STREET MIAMI FL 33156		2. 4 CITY-ST-ZIP					
LE		☐ DELETE	3.1 TITLE	Change	Addition			
WE			3.2 NAME					
REET ADDRESS			3.3 STREET ADDRESS		ļ			
Y-ST-ZIP			3.4. CITY-ST-ZIP					
.E		☐ DELETE	4.1 TITLE	Change	☐ Addition			
Æ			4. 2 NAME					
EET ADDRESS			4.3 STREET ADDRESS					
r-ST-ZIP			4.4 CITY-ST-ZIP					
E		DELETE	5.1 TITLE	☐ Change	☐ Addition			
1E,			5.2 NAME		ì			
EET ADDRESS		•	5.3 STREET ADDRESS					
∕-ST-ZIP			5.4 CITY-ST-ZIP					
E		☐ DELETE	6.1 TIπLE	☐ Change	Addition			
1E			62 NAME		ŀ			
EET ADDRESS			6.3 STREET ADDRESS					
'-ST-ZIP			6.4 CITY-ST-ZIP	Seeking 410.07/2)(). Florida Statutas I further cartifu that the infe				

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 of an attachment with an address, with all other like empowered.

GNATURE:

ARMANDO J. ALEMAN

6/29/99

305)551-2600

KZEU34 (11/98)