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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P95000075100 (4) DOCUMENT #

EAST COAST REALTY OF MIAMI INC.

Principal Place of Business Mailing Address 3866 OW STIM AVENUE 3850 SW 87TH AVENUE #301 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE MIAMI FL 33155 3. Date Incorporated or Qualified 09/29/1995 2. Principal Place of Business 110th Aue 2a. Mailing Address 16225 S.W 110th Ne 4. FEI Number Applied For 65-0618364 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State . City & State \$5.00 May Be 6. Election Campaign Financing MIAMI MIGMI П 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible DADE 33157 DAde 25 ☐ Yes □ No 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DELGADO, PEDRO P CPA 81 Name 1320 €. DIXIE HWY., #2£8 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33146 83 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE re dro r. Rios HERNANDEZ, ILIANA ecty, Treas-Willoth Ave NAME 12 NAME 9950 SW 20TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-SI-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - 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 suppliemental 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 of 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.