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 # P95000084249

PROPERTY ONE, INC.

Principal Place of Business

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90149 034 ***150.00



3475 W. FLAGLER STREET 2ND FLOOR MIAM! FL 33135		Mailing Address 3475 W. FLAGLER STREET 2ND FLOOR MIAMI FL 33135				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 11/02/1995			
2. Principal Place of Business		2a. Mailing Address				4 FEI Number			
21		26			ł	65-0616306		—— —	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				00 00 10000			Not Applicable
22 Chu 8 Chu		27	27			5. Certificate of Status Desired Sectional			
City & State		City & State	City & State			Fee Required			
23		28	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be			
Zip 	Country	Zíp	Country					Adde	to Fees
4	25	29	29 30			8. This corporation owes to	ne current year In		
	9. Name and Address of Curre	nt Registered Agent	1-4			Personal Property Tax. 10. Name and Address of	Now Double	☐Yes	No
VIN	IAS, HECTOR R			81 Na	me	TO. Hame and Address of	New Registered	Agent	
947	KO, NEUTUK K								
	75 W. FLAGLER STREET		82 Street Ad			(P.O. Box Number is Not A	cceptable)		
	O FLOOR		L	83					
MIA	MI FL 33134								
			[84 Cit	у			85 Zip	Code
11. Pursuant	t to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607 1508 Elorido Statut				<u> </u>	FL		
agent. I a SIGNATURE	and accept the obliga	suons of, Section 607.0505, Flor	uthorized rida Statut	by the c	orporation's	board of directors. I hereby	or the purpose of accept the appoi	changing it ntment as n	s registered egistered
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	gent signat	ture required whe	ri reinstatino)	DATE		
IZ.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES T		D DIDEAT	
	'	☐ DELETE	1.1 TITLE		T	TOTAL	O OFFICERS AN	☐ Change	
AME	VINAS, HECTOR R		1.2 NAM	E	ļ			☐ Criange	☐ Addition
TREET ADDRESS	3475 W. FLAGLER STREET		1.3 STRE	EET ADDRE	SS.				
TY-ST-ZIP	MIAMI FL 33135		1.4 CITY						ļ
TLE	VP	☐ DELETE	2.1 TITLE		 -				
AME	SCHLAFKE, MARIA D		2.2 NAME					Change	☐ Addition
TREET ADDRESS	3475 W. FLAGLER STREET				[- 1
TY-ST-ZIP	MIAMI FL 33135			ET ADDRE	SS				ĺ
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LE			4.4 CITY-5	ST-ZIP					Í
ME		☐ DELETE	5.1 TITLE					Change	Addition
REET ADDRESS			5.2 NAME						
			5.3 STREE	TADDRES	s				}
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4E			6.2 NAME					-1 cualide	☐ Addition
EET ADDRESS			6.3 STREET	TADDRESS	3				
'-ST-ZIP			6.4 CITY-S	T-ZIP			•		1
i nereby ce	rtify that the information supplied with	thin filter do to the							1

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.