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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000084588**1. Corporation Name

Principal Place of Business

AMERICAN REAL ESTATE BROKERS, INC.

7801 CORAL WAY STE 124 MIAMI FL 33155		7801 CORAL WAY STE 124 MIAMI FL 33155				DO NOT WRITE IN THIS SPACE		
US		US	US			3. Date Incorporated or Qualifed 11/01/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<b>⊢</b> -↓-	Applied For
21		26	26			65-0625901		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State				6. Election Campaign Financing	\$5.0	May Be
<b>一 ´</b>	<del>,</del>	28				Trust Fund Contribution Added to Fees		
23		Zip	Zip Country			8. This corporation owes the current year In	tangible	
24	25 29 30			reisonal Property Tax:			□No	
24	9. Name and Address of Curren					10. Name and Address of New Registered	Agent _	
		*		81	Name			
PINEIRO, CLARA E 3098 SW 110 AVE MIAMI FL 33165				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
				83	· · · · · · · · · · · · · · · · · · ·			
				84	City	***		ip Code
					,	FL	_	
office or re agent. I ai	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	OFFICKION, SUCH CHAI	IUE was authorize	-u DY	ine corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing intment as	registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.			t signature require	d when reinstating) DATE	UD DIDEC	TODE IN 12
12.		ID DIRECTORS	13		<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Chan	
TITLE	P			TITLE				go (
NAME	PINEIRO, CLARA E			NAME				
STREET ADDRESS	3333 347 113 1112			ADDRESS				
CITY-ST-ZIP	MIAMI FL 33165			CITY-S	r-ZIP		Chan	ge Addition
TITLE	HILITO, OFFICEO						]	
NAME			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	3098 SW 110 AVE							
CITY-ST-ZIP	MIAMI FL 33165			CITY-S	T-ZIP		Chan	ge Addition
TITLE				TITLE				- —
NAME 35.55				NAME	ADDRESS			
STREET ADDRESS					·		1.	
CITY-ST-ZIP				CITY-S	1-ZIP		☐ Chan	ige Addition
TITLE		ш.		NAME				
NAME			1		ADDRESS			
STREET ADDRESS				CITY-S				
CITY-ST-ZIP			4.4	VII 1-9	1-4-11			nge Addition
I RULE	ı	П,	DELETE 5.1	TITLE			Char	· -
1				title Name			☐ Char	9
NAME			5.2	NAME	r address		Char	ş- <u> </u>
NAME STREET ADDRESS	P.		5.2 5.3	NAME	1		☐ Char	g
NAME	P		5.2 5.3 5.4	name Stree	1		☐ Char	

6.3 STREET ADDRESS

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:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90018 032 \*\*\*150.00

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