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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 23 1998 8:00am Secretary of State

DOCUMENT # P95000087846 (8)  EQUITABLE PROPERTY MANAGEMENT, INC.							
Principal Place	e of Rusiness	Mailing Address				——;	
6803 SW 117 AVE. 6803 SW 117 AVE. MIAMI FL 33183 MIAMI FL 33183							
	, min 12 00100					DO NOT WRITE IN THIS SPACE	_
						3. Date Incorporated or Qualified	
						11/13/1995	_
2. Principal Pi	lace of Business 2 SW 40 ST	2a. Mailing Address 26 6262 SW 4057			A	4. FEI Number Applied For	ᅴ
Suite, Apt.	<del></del>	26 0060 5W 4057 Suite, Apt. #, etc.			<u> </u>	65-0632286   Not Applicable   \$8.75 Additional	긕
22 2J-		27 2 7				5. Certificate of Status Desired Fee Required	1
City & State	9/	City & State				6. Election Campaign Financing \$5.00 May Be	ᅥ
23 Man	ni Pl.	28 Miami F/-				Trust Fund Contribution	-
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible	٦
24 33155 25 11.5 A. 29 33155 30 (				<u>د را</u>	<u>S. H-</u>	Personal Property Tax due June 30. Yes No	Ц
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	ᅱ	
	DZCO, ENRIQUE A			81	Name	•	
596 W. 65 DR.				82	Street Add	fress (P.O. Box Number is Not Acceptable)	٦
HIALEAH FL 33012			83			ᅱ	
				~	,		
				84	City	FL 85 Zip Code	٦
11 Dureuant	to the provisions of Sections 607 0502	and 607 1509 Florida Statute	e the at	10//0-	named corr		ᅱ
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	m samilar with, and accept the obligat	ions of section 607.0505, FR	nua olai	uits.			
SIGNATURE	Signature, typed or printed name of registered agent		E: Registered	Agent	t signature requi	fred when reinstating) DATE	╝
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4
TITLE	PVD	DELETE	1.1 TITLE			LI Change LI Addition	۱ ا
NAME	OROZCO, ENRIQUE A		1.2 N/				
STREET ADDRESS	596 WEST 65 DR.		1.3 STREE		i		ļ
CITY-ST-ZIP	HIALEAH FL 33012	T act the	1.4 CITY-ST		ZIP		_
TITLE	ST SPORTS A	☐ DELETE		21 TITLE		Change  Addition	1
NAME ]	OROZCO, ENRIQUE A		2.2 NAME		- 1		- }
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NAME							
STREET ADDRESS					DDRESS		ŀ
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TITLE		TT DETEN	4,1 TI		ļ	:_ C;tange Addition	
NAME					PP-2500		
STREET ADDRESS					DDRESS		ł
CITY-ST-ZIP		DELETE	4.4 CI 5.1 TI	Y-ST-	ZIP	☐ Change ☐ Addition	$\forall$
TITLE			1				
NAME .			5.2 NA		DDDTTC		1
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE		ZIP _	Change Addition	$\dashv$
TITLE			6.1 TITLE 6.2 NAME			E Stange E Addition	
NAME			1		Dongee		
STREET ADDRESS					DDRESS		
CITY-ST-ZIP	ertify that the information supplied with	This filing does not qualify fo	6.4 CI	ry-ST <u>-</u>	on stated in	Section 119 07(3)(i). Florida Statutes I further certify that the information	$\dashv$
indicated officer or	on this annual report or supplemental	annual report is true and acc	uraxe and	that	my signatu	Section 119.07(3)(I), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under cath; that I am an unired by Chaoter 607. Florida Statutes; and that my name appears in	1

Block 12 or Block 13 if changed, or on an attachme

SIGNATURE: