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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000089232

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90125 023 *****8.75 05-03-1999 90125 024 ***150.00

AMERIC	AN EQUITY PARTNERS NO.	7, INC.							
Principal Place 2300 CORAL W SUITE 200 MIAMI FL 3314		DO NOT WRITE IN THIS SPACE							
MICHAEL L 3014	•	MIAMI FL 33145			3. Date Incorporated or Qualife	-	, 01 1102		
2. Principal P	.3 5	.	11/21/1995 4. FEI Number 65-0640771			olied For Applicable			
21 1717 N. Bayshore Drive 26 1717 N. Bayshore Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite # 114			snore Dr	ıve	5. Certificate of Status Desired	N.	\$8.75 A	dditional	
City & Stat		City & State 28 Miami Florida			Election Campaign Financing Trust Fund Contribution	3 🗆	\$5.00 Added to	May Be	
Zip 24 33132	Country	Zip 29 33132 3	Country		This corporation owes the cur Personal Property Tax.	irrent year In	•	□No	
24, 33132	9. Name and Address of Current	<u> </u>			10. Name and Address of New				
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200				81 Name S & K Property Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1717 North Bayshore Drive					
MIAN	83 Suit	te 1	-		85 Zip C	Code			
office or h	to the provisions of Sections 607.0502 registered agent, or both, in the State of	Florida. Such change was aut	horized by the corpo	cornora	ation submits this statement for the	e purpose of ept the appo	 331 changing its interest as reg 	registered	
agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid Lidi	la Statutes. a Cartaya egistered Agent signature ri	a, V	⁷ P	4/20	1/99		
12.	Signature, typed or printed name of registered agent of OFFICERS AND		egistered Agent signature re	equirea wr	ADDITIONS/CHANGES TO O	FFICERS AN	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	BUCKREUS, GERTI		1.2 NAME						
STREET ADDRESS	1717 N BAYSHORE DR, SUITE	114	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP						
TITLE	V	X DELETE	2.1 TITLE	V			Change	☐ Addition	
NAME	LOPEZ-CANTERA, AMADA		2.2 NAME	Lid	lia Cartaya				
STREET ADDRESS	2300 CORAL WAY SUITE 201		2.3 STREET ADDRESS	171	7 N. Bayshore	Drive	Suite	114	
CITY-ST-ZIP	MIAMI FL 33145		2. 4 CITY-ST-ZIP	Mia	mi, FL, 33132				
TITLE	S	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	CARTAYA, LIDIA		3.2 NAME						
STREET ADDRESS	1717 N BAYSHORE DR, SUITE 1	114	3.3 STREET ADDRESS						
CITY-\$T-ZIP	MIAMI FL 33132		3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS	·		4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME					Ì	
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME					1	
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

14. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR