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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

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

02-20-1999 90127 007 ***150.00

DOCU	MENT # P9500 0	0091088					
	NERATION REALTY, COR	P.					
Principal Plac	e of Business	Mailing Address			T (DØSTRØS SIN TOTAL BITTE OBSIL DØSTE DØSTE DØ	1118 EB101 11011 00101	1919(1811 1881
1927 WEST FLAGLER STREET 1927 WEST FLAGLER STR			FT				
MIAMI FL 33135 MIAMI FL 33135					,		
					DO NOT WRITE IN T	IIS SPACE	
					3. Date Incorporated or Qualifed 11/30/1995	المسارة والمسودات	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	. Apr	plied For
21		26			65-0622175	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 ∧		
22		27		J. Commonto di Statuto Dobinoti	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	-	
23		28		Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country	<i>,</i>	8. This corporation owes the current year		□No
24	9. Name and Address of Curr		30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Cum	ent registered Agent	81	Name	10. Hallio and Madridge of Heat (tog)ster.		
VALI	DES, EFRAIN JR				*****		
2263 S.W. 12 STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIAN	VII FL 33135		83	,	· Arran N		
			84 City		F	85 Zip C	code
office or r agent. I a SIGNATURE	registered agent, or both, in the Statem familiar with, and accept the oblining signature, typed or printed name of registered a	gations of, Section 607.0505, Flori	ida Statutes	S.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap red when reinstating)	·	Jistereu
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	valdes, efrain jr		1.2 NAME				
STREET ADDRESS	2263 S.W. 12 STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33135		1.4 CITY-ST-ZIP		in the state of th		
TITLE		☐ DELETE	2.1 TITLE			☐ Change	
NAME			2.2 NAME		م ۽ اياسيد م	-	
STREET ADDRESS	DRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			- Addition
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition
TITLE		- Decere	4.1 IIILE 4.2 NAME		•	Change	
NAME STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition
NAME		_	5.2 NAME				_
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE			6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY- S	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:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 'REQUIRED