PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # DOCOCOO 409

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90014 044 \*\*\*150.00

1. Corporation Name  C&S REAL ESTATE DEVELOPMENT CORP.  Principal Place of Business  Mailing Address  8323 NW 12TH ST  2 ALHAMBRA PLAZA									
8323 NW 12TH ST   2 ALHAMBRA PLAZA     MIAMI FL 33126   PH II									
CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE			
	1					3. Date Incorporated or Qualifed 12/08/1995			ļ
2. Principal Place of Business			. Mailing Address			4. FEI Number		A	pplied For
21			26			65-0703312		· N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22						p. Continued of States Booker			equired
City & State			City & State			6. Election Campaign Financing			May Be
23			28			Trust Fund Contribution Added to Fees			
Zip	Cour	· —	Zip		ıntry	8. This corporation owes the cur	rent year Inta	ingible Yes	□No
24	25	29		30		Personal Property Tax.  10. Name and Address of New	Posistored (		[]IVO
	9. Name and Add	ress of Current Regi	stered Agent		81 _Name		registered z		
AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVE						ry Befeler, CFO ina Group, Inc.			
28TH FLOOR					E Two	Alhambra Plaza, Ph2	-		
MIAMI FL 33131						Gables, Florida 331334			1
MICHIELE CO. 101					84 City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL	85 Zip	Code
44 0	to the mandalana of Co	-tions 607 0502 and 6	207 1509 Elorida Statut	oe the a	hove named com	poration submits this statement for the	purpose of	hanging it:	s registered
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	Stands Hand or appliant	me of registered agent and the	if applicable (NOTE	· Registered	i Agent signature require	d when reinstating)	DATE		<del></del>
12,	Signal vertyped or primade ha	OFFICERS AND DIR		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	CD		☐ DELETE	1.1 11	TLE			☐ Change	Addition
NAME	CODINA, ARMANI	DO <sup>*</sup>		1.2 N	AME				
STREET ADDRESS	8323 N.W. 12TH			1.3 S	TREET ADDRESS			•	}
CITY-ST-ZIP	MIAMI FL 33126			1.4 C	TY-ST-ZIP				
TITLE	Р		☐ DELETE	2.1 TI	TLE			Change	☐ Addition
NAME	STEPNER, STEPH	IEN A		2.2 N	AME				Į.
STREET ADDRESS	8323 N.W. 12TH	STREET		2.3 S	TREET ADDRESS			-	•
CITY-ST-ZIP	MIAMI FL 33126.			2.40	CITY-ST-ZIP				
TITLE	V		☐ DELETE	3.1 TI	TLE			☐ Change	Addition
NAME (	GIBSON, FORD	•		3.2 N	AME				ł
STREET ADDRESS	8323 N.W. 12TH	STREET		3.3 S	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126			_	CITY-ST-ZIP				
TITLE	ST		☐ DELETE	4.1 TI				☐ Change	☐ Addition
NAME	BEFELER, HENRY				IAME				Į
STREET ADDRESS	8323 N.W. 12TH	STREET		4.3 S	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126			_	ITY-ST-ZIP			Channa	Addition
TITLE	•		☐ DELETE	5.1 TI	4			☐ Change	☐ Addition
NAME		•		5.2 N	į.				
STREET ADDRESS					TREET ADDRESS				
CITY-ST-ZIP			☐ DELETE	6.1 T	ITY-ST-ZIP			. Change	Addition
TITLE	•		☐ DECE IS	6.2 N				snange	
NAME	· · · y · · ·				TREET ADDRESS				ļ
STREET ADDRESS									
CITY-ST-ZIP :	l <del></del> .			6.4 C	ITY-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 REQUIRED

3-26-99 305-520-2300