

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 DEC 22 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0021480

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000011103 (4)**  
1. Corporation Name

**CIRE PROPERTIES INC.**

Principal Place of Business

5411 WEST 8 COURT  
HIALEAH FL 33012

Mailing Address

5411 WEST 8 COURT  
HIALEAH FL 33012

*Please change Address to*

**REINSTATEMENT 98**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/05/1996**

4. FEI Number

**65-0638564**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SALADRIGAS, ERIC**  
5411 WEST 8 COURT  
HIALEAH FL 33012

*ERIC Saladrigas*  
*2030 SW 127 AVE*  
*MIAMI, FL 33175*

10. Name and Address of New Registered Agent

81 Name **SALADRIGAS, ERIC**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2030 SW 127 AVE**  
83  
84 City **MIAMI** FL 85 Zip Code **33175**

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 for 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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE  
NAME **SALADRIGAS, ERIC**  
STREET ADDRESS **5411 WEST 8 COURT**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **SD** ☐ DELETE  
NAME **NARANJO, ORLANDO**  
STREET ADDRESS **5411 WEST 8 COURT**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☒ Change ☐ Addition  
1.2 NAME **ERIC Saladrigas**  
1.3 STREET ADDRESS **2030 SW 127 AVE**  
1.4 CITY-ST-ZIP **MIAMI FL 33175**

2.1 TITLE **SD** ☒ Change ☐ Addition  
2.2 NAME **ORLANDO NARANJO**  
2.3 STREET ADDRESS **2030 SW 127 AVE**  
2.4 CITY-ST-ZIP **MIAMI FL 33175**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **300002725703-6**  
3.3 STREET ADDRESS **-12/29/98-01101-011**  
3.4 CITY-ST-ZIP **\*\*\*750.00 \*\*\*750.00**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **PA 12/28**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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.

SIGNATURE:

**SIGNATURE REQUIRED**

*11-10-98 (305) 477-0884-EX-26*

CR2E034 (5/98)