

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90212 023 \*\*\*150.00

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**DOCUMENT # P96000024352**

1. Corporation Name

**FIRST STOP REALTY AND INVESTMENTS, INC.**

Principal Place of Business

111 NW 183 ST #421  
MIAMI FL 33169

Mailing Address

111 NW 183 ST #421  
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/19/1996**

4. FEI Number

**65-0655687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SINGLETON, BARRY**  
**17500 NW 67 AVE**  
**HIALEAH FL 33015**

10. Name and Address of New Registered Agent

81 Name

**Lesly Bernard**

82 Street Address (P.O. Box Number is Not Acceptable)

**111 N.W. 183rd Street**

83

**Suite # 421**

84 City

**miami**

**FL**

85 Zip Code

**33169**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D GREEN, SELWYN R**  
STREET ADDRESS **701 NW 214 ST APT #416**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ DELETE

NAME **D BERNARD, LESLY**  
STREET ADDRESS **1850 N.E. 142 ST. 9M**  
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ DELETE

NAME **D GOINS, LAMONTE A**  
STREET ADDRESS **535 N.W. 33 ST.**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ DELETE

NAME **D LOUIS-JEAN, JULES**  
STREET ADDRESS **17830 N.W. 28 CT.**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ DELETE

NAME **D BAPTISTE JEAN, CHRISTINE E**  
STREET ADDRESS **920 N.W. 179 ST.**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/99**  
Date

**705-650-9000**  
Daytime Phone #

CR2E034 (11/98)