Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90081 017 ***150.00

- KARIKARI KERUBAN DININ BANJI BANJI BANJI BANJI BANJI BANJI KARIB BININ BINTI BINTA ANIKA NIKA NEBA

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**

DOCUMENT # P96000026452

1. Corporation Name

LOCO PROPERTY MANAGEMENT, INC.

	·							
Principal Place of Business		Mailing Address						
C/O MICHAEL D. EHRENSTEIN. KLUGER. ET AL 1970 MIAMI CENTER 201 S BISCAYNE BLVD 1700 MIAMI FL 33131 US		C/O MICHAEL D. EHRENSTEIN. KLUGER. ET AL 1970 MIAMI CENTER 201 S BISCAYNE BLVD 1700 MIAMI FL 33131 US		DO NOT WRITE II 3. Date Incorporated or Qualifed	N THIS SPACE			
					<u>-</u> -	03/26/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	1——	Applied For
21		26				65-0657942		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	•			5. Certifcate of Status Desired		Additional Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip	Cou	ntrv		8. This corporation owes the current	vear Intangible	
24	25	`	30	•		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current					10. Name and Address of New Regi	stered Agent	
	0, 144.110 0.110 1.110 0.110			81 N	lame			
MIAMI CENTER REGISTERED AGENTS INC. 201 S BISCAYNE BLVD STE 1700				treet Addr	ess (P.O. Box Number is Not Acceptable)		
				83		•		Ì
MIAN	(I FL 33131							
•				84 (lity		85 Zii	p Code i
				1	City		┍┖┈╵┈	p Code
office or re	to the provisions of Sections 607.0503 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was au	uthorized	pove-na	amed coro	oration submits this statement for the purpon's board of directors. I hereby accept the	pose of changing	its registered
office or re agent. I an SIGNATURE	egistered agent, or both, in the State on tamiliar with, and accept the obligated and the colligated are supported by the colligated are supported by the colligated are supported by the colline of the	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized rida Statu	by the	amed corp corporation	on's board of directors. I hereby accept th	pose of changing e appointment as	its registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligate state of registered agents.	of Florida. Such change was autions of, Section 607.0505, Flor It and title if applicable. (NOTE:	ithorized ida Statu Registered	by the	amed corp corporation	on a board of directors. I nereby accept the	pose of changing e appointment as	its registered registered
office or reagent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligate signature, typed or printed name of registered agen	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized rida Statu	by the ites.	amed corp corporation	on's board of directors. I hereby accept th	pose of changing e appointment as	its registered registered
office or reagent. I as SIGNATURE 12.	egistered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was at tions of, Section 607.0505, Flor ht and title if applicable. (NOTE: ID DIRECTORS	Registered 13.	by the ites. Agent sig	amed corp corporation	on a board of directors. I nereby accept the	pose of changing e appointment as	its registered registered
office or reagent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State on familiar with, and accept the obligate Stgmature, typed or printed name of registered agen OFFICERS AN D LOPEZ, ROLANDO	of Florida. Such change was at tions of, Section 607.0505, Flor nt and bite if applicable. NOTE: D DIRECTORS DELETE	Registered 13. 1.1 TIT	by the by the signal si	amed corperation	on a board of directors. I nereby accept the	pose of changing e appointment as	its registered registered
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State on familiar with, and accept the obligate Standure, typed or printed name of registered agen OFFICERS AN D LOPEZ, ROLANDO 201 S BISCAYNE BLVD, 1970 I	of Florida. Such change was at tions of, Section 607.0505, Flor nt and bite if applicable. NOTE: D DIRECTORS DELETE	Registered 13. 1.1 Tri 12 NA 1.3 ST	DOVE-NO by the lates. Agent sign LE ME	amed corp e corporation	on a board of directors. I nereby accept the	pose of changing e appointment as	its registered registered
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office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State of familiar with, and accept the obligated of printed name of registered agen OFFICERS AN DESCRIPTION OFFICERS AN LOPEZ, ROLANDO 201 S BISCAYNE BLVD, 1970 MIAMI FL 33131 DESTRAUCH, CLINT 201 S BISCAYNE BLVD, 1970 I	of Florida. Such change was at tions of, Section 607.0505, Flor at and title if applicable. (NOTE: ID DIRECTORS DELETE MIAMI CENTER MIAMI CENTER	Registered 13. 1.1 mm 1.2 NA 1.3 ST 1.4 CO 2.1 mm 2.2 NA 2.9 ST 2.4 CO 3.1 mm 3.2 NA	DOVE-NO by the by the sides. Agent significant with the sides of the	amed corporation c	on a board of directors. I nereby accept the	pose of changing e appointment as DATE ERS AND DIREC Chang	TORS IN 12 e
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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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP

CITY-ST-ZIP

TITLE

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ZALDO LA

DELETE

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☐ Change

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