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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P96000045879 (9)

FILED Feb 09 1998 8:00am Secretary of State

| 1. Corporation BOTAL | NICA FEE DEVELOPER, INC |). | J. J (0) | , | | | | | | | |
|---|---|---------------------------------|---------------------------------------|--------------------------|-----------------|---------------------|------------------|---|---|-----------------------------|------------------------------|
| Principal Plac | ce of Business | Mailin | g Address | | | | | - 1 100/1004 110 10/10 81/14 00/14 00/14 | ii 11 111 11 111 1 | (86) DINO (88) | |
| 240 CRANDON BLVD STE 106 240 CRANDON BLVD STE 1 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 | | | | | 106 | | | | | | |
| | | | | | | | | DO NOT WE | | SPACE | |
| | | | | | | | | Date Incorporated or Qualifie 05/30/1996 | ed | | |
| 2. Principal I | Place of Business | 2a. Ma | illing Address | | | | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | | ····· ·. | | | | 65-0671534 | | N | lot Applicable |
| Suite, Apt | . #, etc. | ├ ─┐ | ite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | Additional |
| City & Sta | 16 | 27 Cit | y & Stato | | | | | | | | tequired |
| 23 | | 28 | y a olato | | | | | Election Campaign Financing Trust Fund Contribution | · 🗆 | | May Be to Fees |
| Zip | Country | Zip |) | Cou | intry | , | | 8. This corporation owes or has | naid the co | | |
| 24 | 25 | 29 | | 30 | • | | | Personal Property Tax due Ju | | | No |
| | g, Name and Address of Curre | nt Registere | d Agent | | | | | 10. Name and Address of New | Registered | Agent | |
| KI | ENE, H J | | | | 81 | Name | | | | | |
| 240 CRANDON BLVD STE 106 | | | | | 82 Street Addre | | | ss (P.O. Box Number is Not Accep | nable) | | |
| KEY BISCAYNE FL 33149 | | | | | | | | | | | |
| | | | | | 83 | | | | | | |
| | | | | | 84 | City | | | | 85 Zip | Code |
| 44 Duration | to the provisions of Sentings COZOE | 00 45 4 607 4 | COO. Flacid - Oct. | 1 | | | | | <u> </u> | | |
| office or | to the provisions of Sections 607.05 registered agent, or both, in the Stat | uz and 607 1 e of Florida. S | 508, Florida Statu Such change was | ies, the ai authorize | bove d by | e-named the corp | corpo coratio | ration submits this statement for th n's board of directors. I hereby ac | e purpose i cept the ap | of changing in pointment as | its registered registered |
| agent. I a | am tamiliar with, and accept the oblig | gations of, Se | ction 607.0505, F | lorida Stat | lutes | 5. | | · | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | er l and trie if son | Ecable (NO | IF Renistere | d Ane | ol s-onalure | required | when reinstating) | DATE | | |
| 12. OFFICERS AND DIRECTORS 1: | | | | | u g.o | 9 | 1040.00 | ADDITIONS/CHANGES TO OF | | D DIRECTOR | RS IN 12 |
| TITLE | · · | | | | | | | CRETARY | | Change | Addition |
| NAME | SCHARENBERG, FRITZ | | | 1.2 N/ | AME | | | J. KIENE | | | |
| STREET ADDRESS | 240 CRANDON BLVD STE 1 | 06 | | 1.3 ST | REET | ADDRESS | | O CRANDON BLVD | #202 | | li |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | | | 1.4 CI | | 1-2IP | | Y BISCAYNE FLA | | | |
| TITLE | | | [] DELETE | 2.1 (1) | TLE | | | | | Change | ☐ Addition ⁴ |
| NAME | | | | 2.2 NA | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | İ |
| CITY-ST-ZIP TITLE | | | DELETE | 2.4 C | | ST - ZIP | | | | - Channe | 12200 |
| NAME | | | | 3.1 TII | | | | | | ☐ Change | Addition |
| STREET ADDRESS | | | | 3.2 NA | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 3.4. C | | - 1 | | | | | |
| TITLE | | | DELETE | 4.1 111 | | 01- ZIF | | | | Change | Addition |
| NAME | | | _ | 4. 2 N | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CI | | - 1 | | | | | |
| TITLE | | | DELETE | 5 1 717 | | | | | - | Change | ☐ Addition |
| NAME | | | | 5.2 NA | ME | | | | | | |
| STREET ADDRESS | | | | 5.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 CII | IY-ST | I - ZIP | | | | | |
| TITLE | | . — | DELETE | 6.1 TIT | LE | | | | | Change | ☐ Addition |
| NAME | | | | 62 NA | ME | | | | | | |
| STREET ADDRESS | | | | 63 ST | REET A | address | | | | | |
| CITY-ST-ZIP | | A | | 6.4 CI | | | | | | | |
| 14 I hereby a | certify that the intermation supplied v | ath this filings | dose not qualify f | or the eve | mnt | ion states | t in Sc | ction 119 07(3)(i) Florida Statutes | I further o | artify that the | information |

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 furstee 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 an attachment with an address.

CONSTUDE. Mearcules

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