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 # P96000051488

PALMETTO COMMERCIAL PROPERTIES, INC.

Principal Place of Business 710 S DIXIE HIGHWAY CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

710 S DIXIE HIGHWAY **CORAL GABLES FL 33146**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90040 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/17/1996 4. FEI Number

65-0690380

| Zip | Country | Zip | , | Country | | 8. This corporation owes the current year Intangible | | | | ٠ |
|--------------------------|---|-----------------------|--|-------------------------|---------------------|---|-----------------------------------|------------------------|-----------------------|------------------------------|
| 24 | 25 | 29 30 | | | | Personal Propert | | Yes | _ ∑ ‱ | |
| | 9. Name and Address of Current | | 10. Name and Address of New Registered Agent | | | | | | | |
| | | | | 81 | Name | | | | | |
| GUARCH, J M | | | | | Street Addr | ress (P.O. Box Number i | s Not Acceptable | e) | | |
| ARAN CORREA & GUARCH P A | | | | | Da 00(7 100. | | | | | |
| 710 S DIXIE HIGHWAY | | | | | | | | | | _ |
| CORAL GABLES FL 33146 | | | | | O't- | | | | 85 Zij | p Code |
| | • | | | 84 | City | | | FL | 03 2 | 5 0000 |
| office or | t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation | Florida, Such chae | nge was author | nzed by | the corporation | oration submits this stat on's board of directors. I | ement for the pu hereby accept | rpose of the appoir | changing ntment as | its registered registered |
| SIGNATURE | | nd telo if applicable | /NOTE: Page | torest Ager | t signature require | d when reinstating) | | DATE | | |
| 12. | Signature, typed or printed name of registered agent a OFFICERS AND | | | 13. | vigriaturo rodulie | ADDITIONS/CHAP | IGES TO OFFI | | D DIRECT | FORS IN 12 |
| TITLE | D | | | 1.1 TITLE | | | | | Chang | |
| NAME | ARAN, FERNANDO S | | | 1.2 NAME | İ | | | | | |
| STREET ADDRESS | TAN A BOUT LUCIEURY | | | | ADDRESS | | | | | |
| | CORAL GABLES FL 33146 | | | 1.4 CITY-S | 1 | | | | | |
| CITY-ST-ZIP TITLE | D DELETE | | | 2.1 TITLE | | | | | ☐ Chang | e Addition |
| NAME | CORREA, DANNY | | | 2.2 NAME | | | | | | |
| | THE CONTRACTOR AND THE PARTY | | | | ADDRESS | | | | | |
| STREET ADDRESS | CORAL GABLES FL 33146 | | | 2. 4 CITY-S | | | | | | |
| CITY-ST-ZIP | D | <u> </u> | | 3.1 TITLE | 11-417 | | | | Chang | e Addition |
| NAME | GUARACH, J M JR | - | | 3.2 NAME | | | | | | |
| | THE C PINE LHOLDHAN | | | | ADDRESS | | | | | |
| STREET ADDRESS | CORAL GABLES FL 33146 | | | 3.4. CITY-8 | } | | | | | |
| CITY-ST-ZIP TITLE | D CONAL GABLES FE 33140 | | | 4.1 TITLE | 11-2r | | | | ☐ Chang | e Addition |
| | PUIG. JUNE EDUARDO JR | | | 4. 2 NAME | | | | | | |
| NAME CTOCCT ADDRESS | A DIVID LUCKBARA | | 1 | | ADDRESS | | | | | |
| STREET ADDRESS | CORAL GABLES FL 33146 | | 1 | 4.3 STREE 4.4 CITY-S | | | | | | |
| CITY-ST-ZIP | CURAL GABLES FL 33140 | | | 4.4 OHT-S 5.1 TITLE | 1-48 | | | | ☐ Chang | e Addition |
| TITLE | 1 | ٠. ت | | 5.2 NAME | | | | | _ • | |
| NAME | | | | | F ADDRESS | | | | | |
| STREET ADDRESS | 9 | | | 5.4 CITY-S | | | | | | |
| CITY-ST-ZIP TITLE | | | | 6.1 TITLE | | | | | ☐ Chang | e Addition |
| | | ш, | | 62 NAME | | | | | _ | _ |
| NAME | | | | | TADDRESS | | | | | |
| STREET ADDRESS | S (1) | | | 6.4 CITY-S | | | | | | |
| CITY-ST-ZIP | certify that the information supplied with | | 1 | | | C6 440 07(3)(i) Fi- | ida Ctatutaa I f | | 416 - 411 41- | |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oam, that it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

= :::

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable