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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064470 (3)

CRYSTAL COLONY DEVELOPMENT CORP.

FILED Mar 04 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | - I Maniman ka mun sinin sahi adin d | TIII BBIID BIIII | #1911 BIB11 148 | tal Ann inh |
|--|---|---|---|--|---|---|---------------------------|-----------------------|
| 9901 S.W. 145 MIAMI FL 3317 | | 9901 S.W. 145TTH TEI MIAMI FL 33176 | 9901 S.W. 145TTH TERRACE MIAMI FL 33176 | | DO NOT WRIT | E IN THIS S | PACE | |
| | | | | | 3. Date Incorporated or Qualified 08/01/1996 | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 65-0692106 | . FEI Number Applied For 65-0692106 Not Applicable | | |
| Suite, Apt. 4 | #, etc. | Suite, Apt. #, etc. | | | Certificate of Status Desired | X | | Additional equired |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country Zip | | Cour | ntry | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 | 29 | 30 | · | Personal Property Tax due Jun | | | |
| | 9. Name and Address of Cu | rrent Hegistered Agent | | B1 Name | 10. Name and Address of New R | agistered A | gent | |
| GARCIA, HECTOR | | | | Ivaine | | | | |
| 9901 S.W. 1451TH TERRACE MIAMI FL 33176 / | | | | | ress (P.O. Box Number is Not Accepta | ble) | | |
| | Λ // | | | B3 | | | | |
| | Hal | | | 64 City | | FL | | Code |
| 11. Pursuant office or re agent. I a | ottle provisions of Sections 607. agiltered byten, or both, in the S n familian vity appraccept the o | 0502 and 607.1508, Florida Sta tate of Florida. Such change wa bligations of, Section 607.0505, | tutes, the ab is authorized Florida Stati | ove-named corp by the corporatites. | poration submits this statement for the tion's board of directors. I hereby acce | purpose of a pt the appo | changing it intment as | registered registered |
| SIGNATURE | | | | Agent signature requi | | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | Agont organicore respon | ADDITIONS/CHANGES TO OFFI | | DIRECTOR | 3S IN 12 |
| TITLE | DELETE | | 1.1 TITI | .E | | | Change | Addition |
| NAME | GARCIA, HECTOR | | 1.2 NA/ | AE | | | | - |
| STREET ADDRESS 9901 S.W. 145TTH TERRACE | | | 1.3 STF | EET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY+ST-ZIP | | | | | |
| TITLE | S DELETE | | 2.1 T(T) | £ | | | Change | Addition |
| NAME | GARCIA, HECTOR J | | 2.2 NAME | | | | | |
| STREET ADDRESS | 9705 SW 62 ST | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | Miami Fl. | | 2.4 01 | Y-ST-ZIP | | | | |
| TITLE | T | ☐ DELETE | 3.1 TITO | .E j | | [| Change | Addition |
| NAME | GARCIA, CANDIDA | | 3.2 NAM | AE | | | | ļ |
| STREET ADDRESS | 97055 W 62 ST | | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL | | | Y-ST-ZIP | | | _ | |
| TITLE | | DELETE | 4.1 TITL | ļ | | Ĺ | Change | Addition |
| NAME | | | 4. 2 NA | , | | | | ļ |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | | - Decete | | r-ST-ZIP | | | 100 | 111111111 |
| TITLE | | ☐ DELETE | 5.1 TITE | ĺ | | L | Change | Addition |
| NAME | | | 5.2 NAN | | | | |] |
| STREET ADDRESS | | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | | Decete | | r-ST-ZIP | | | Change | Addition |
| TITLE | | ☐ DELETE | 6.1 TiTL | | | ι | Change | ☐ Addition |
| NAME | | | 6.2 NAA | | | | | |
| STREET ADDRESS | | | 4 | EET ADDRESS | | | | |
| CITY-ST-ZIP | | 1 22 22 29 | 6.4 CIT | (-ST-ZIP | Cooling 440 07/0V() Florida Correspond | | 97 - 46 - 4 A) | |

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 of an attachment with an address.

SIGNATURE: