

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90201 025 ***158.75

DOCUMENT # P96000073211

1. Corporation Name

MIAMI PROPERTY INVESTMENTS, INC.

Principal Place of Business

7144 SW 47 ST
MIAMI FL 33155
US

Mailing Address

P O BOX 165333
MIAMI FL 33116-333
US

2. Principal Place of Business

21 7700 N. KENDALL DR.

2a. Mailing Address

26 P.O. BOX 165333

Suite, Apt. #, etc.

22 SUITE 515

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI, FL

Zip

24 33156

Country

25 USA

Zip

29 33116-5333

Country

30

9. Name and Address of Current Registered Agent

SANTOS, REYDEL
7144 SW 47 ST
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1996

4. FEI Number 65-0858049

Applied For

~~NOT APPLICABLE~~

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Chevallier, Clifford C.

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

10240 S.W. 40th Street

83

84 City

Miami

FL

85 Zip Code

33165

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, 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

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

Clifford C. Chevallier, Reg. Agent/Director

2-1-1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SANTOS, REYDEL
STREET ADDRESS 7144 SW 47 ST
CITY-ST-ZIP MIAMI FL 33155

TITLE PVST ☒ DELETE

NAME SANTOS, REYDEL
STREET ADDRESS 7144 SW 47 ST
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 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:

Renato Santos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Renato Santos, Director

Director

Feb. 1, 1999

(305) 271-8842

Date

Daytime Phone #

0177381

CR2E034 (11/98)