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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PC	96000080250	99 APR 30 PM 3: 44
1. Corporation Name SPOONER CANYON, INC		SECRETARIO DE STATE
Principal Place of Business	Mailing Address	E ) DE FIERE FIN FEIFE BINT MOTIL BRITT NEITH NICHT
343 ALMERIA AVENUE CORAL GABLES FL 33134	POST OFFICE BOX 144479 CORAL GABLES FL 33114-4479	DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Addres	>5		
343 Almeria avenue Coral Gables FL 33134	POST OFFICE I CORAL GABLES	BOX 144479 5 FL 33114-4479	DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualifed 09/26/1996	
2. Principal Place of Business	2a. Mailing Ad	dress	4. FEI Number	Applied For
an in the second se	26		NOT APPLICABLE	Not Applicab
Suite, Apt. #, etc.	Suite, Apt.	#, etc.	5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & State	City & Stat	e	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip Country	Z <sub>I</sub> p	Country 30	This corporation owes the current year I     Personal Property Tax	ntangible
	of Current Registered Agen		10. Name and Address of New Registere	d Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Nam	Spiegel & Utrera, P.A. et Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue	.   85   Zip Çoge
	1.11.		Coral Gables / F	L   33134
11. Pursuant to the provisions of Sections office or registered grount or hathain	s 607.0502 and 707 / 8, Flo the Sirve of Florida 6 / 4s ch	orida Statutes, the above-name unce was authorized by the co	ed corporation submits this statement for the pyripose or rporation's board of directors. Thereby accept the app	of changing its registered ointment as registered

AMERILAWYER CHARTERED		82 Street	Spiegel & Utrera, P.A.			
343 ALMERIA AVENUE		UZ SIGGI	82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue			
COR	AL GABLES FL 33134	/	83			
		1/1	84 City	Coral Gables	/ FL   85   Z-p Code 33134	
11. Pursuant office or reagent. La	to the provisions of Sections 607.0502 and egistered aparts or both in the Sing of Flo m familiar with, and Scopt the philys of S	07 ///8, Florida Statutes, de //65 change was autho 5, 87 1,6505, Florida	the above-named orized by the corporations Statutes.	corporation submits this statement for the pration's board of directors. Thereby acce	e pyrpose of changing its registered pythe appointment as registered	
SIGNATURE	Signature, type a man at ear regit to the training	Vice-Presid	<b>en t</b> gent signature r	equired when reinstating)	DATE	
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	/	Change Addition	
NAME	SANCHEZ, ELSIE		1.2 NAME		والمراجع والمراجع والمراجع والمراجع	
STREET ADDRESS	343 ALMERIA AVENUE		13 STREET ADDRESS	10000	18682416	
CITY-ST-ZIP	CORAL GABLES FL 33134		14 CiTY+ST-ZiP		7/9901137022	
TITLE		[]] DELETE	2 1 TITLE	刘朱米年;	150.00 <b>Brown</b> 50 Million	
NWE			22 NAME			
STREET ADORESS			23 STREET ADORESS			
CITY-T-ZIP			2 4 CITY-ST-ZIP			
TITLE		[] DELETE	31 TITLE		[] Change [] Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		. ,	34 CITY-ST-ZIP			
TITLE		☐ DELETÉ	4 1 TITLE		Change [1] Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST-ZIF			
TITLE		☐ DELETE	51 TITLE		Change [] Addition	
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS		1	
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Change Addition	
NAME			6.2 NAME		<b>′</b>	
STREET ADDRESS			63 STREET ADDRESS			

14. 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 trystee impowered 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:

THE TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/90

Dayrne Phone #