

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
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90167 005 ***150.00

DOCUMENT # P96000086189

i. Corporation Name
BILTMORE APARTMENTS, INC.

Principal Place of Business

221 S.W. 90TH STREET
MIAMI FL 33156

Mailing Address

8221 S.W. 90TH STREET
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

65-0723107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

83

84 City

FL

85 Zip Code

IZQUIERDO, GILBERTO
8221 S.W. 90 STREET
MIAMI FL 33156

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 agent, or 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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<p>1. NAME: IZQUIERDO, GILBERTO <input type="checkbox"/> DELETE</p> <p>2. ADDRESS: 8221 S.W. 90 STREET</p> <p>3. CITY-STATE-ZIP: MIAMI FL</p>	<p>1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>2. NAME: IZQUIERDO, MARIA C <input type="checkbox"/> DELETE</p> <p>3. ADDRESS: 8221 S.W. 90 STREET</p> <p>4. CITY-STATE-ZIP: MIAMI FL</p>	<p>2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>3. NAME: <input type="checkbox"/> DELETE</p> <p>4. ADDRESS: <input type="checkbox"/> DELETE</p> <p>5. CITY-STATE-ZIP: <input type="checkbox"/> DELETE</p>	<p>3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>4. NAME: <input type="checkbox"/> DELETE</p> <p>5. ADDRESS: <input type="checkbox"/> DELETE</p> <p>6. CITY-STATE-ZIP: <input type="checkbox"/> DELETE</p>	<p>4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>5. NAME: <input type="checkbox"/> DELETE</p> <p>6. ADDRESS: <input type="checkbox"/> DELETE</p> <p>7. CITY-STATE-ZIP: <input type="checkbox"/> DELETE</p>	<p>5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>6. NAME: <input type="checkbox"/> DELETE</p> <p>7. ADDRESS: <input type="checkbox"/> DELETE</p> <p>8. CITY-STATE-ZIP: <input type="checkbox"/> DELETE</p>	<p>6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:

[Signature] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)