Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90008 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087321

FLORIDA TITLE & ESCROW COMPANY

Principal Place	e of Business	Ма	iling Address			+ intilate in jaret arm anns sam ann	-	11881 1181 1681
2121 PONCE D	E LEON BLVD	212	1 PONCE DE LEON BL	٧Đ			•	
SUITE 920		SUI	TE 920			DO NOT WEITE IN	TUIS SDACE	
CORAL GABLES	S FL 33134		RAL GABLES FL 33134			DO NOT WRITE IN	THIS SPACE	
US	•	US				3. Date Incorporated or Qualifed		- 1
		10-	11. W 11. day			10/22/1996 4. FEI Number		plied For
_	lace of Business		Mailing Address					t Applicable
21		26	Cuita Ant # oto			65-0737813	\$8.75 A	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	1
22		27	City & State			6. Election Campaign Financing	\$5.00	
City & Stat	е		City & State			Trust Fund Contribution	Added t	
23 Zin	. Country	28	Zip	Countr	<u> </u>	This corporation owes the current ye		
Zip		29	ΣIP	30	,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curr		tered Agent	30		10. Name and Address of New Regist	ered Agent	
	5. Name and Address of Curr	con region	torda Agont	81	Name			
ARVI	esu, manuel m esq.			<u> </u>	<u> </u>	(200 D. M. Araba Market		
	PONCE DE LEON BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUIT	E 920		•	83		- A		
	AL GABLES FL 33134							
3.5				84	City		FL 85 Zip C	Code
44 Dumus-4	to the arrayinians of Spations 607.0	502 and 60	7 1508 Florida Statul	es the ahou	/e-pamed corr	poration submits this statement for the purpo	se of changing its	registered
office or r	agistared eagent or both in the Stat	e of Florid	ia. Such changa was a	ilithorized by	/ the corporati	on's board of directors. I hereby accept the	appointment as re	gistered
agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Flo	orida Statute:	S.			i
SIGNATURE			facetical (NOTE	: Projetored Age	nt cionatura require	ed when reinstating) DA	TE	i
12.	Signature, typed or printed name of registered a OFFICERS /			13.	an aignature require	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PSD	THE BITTE	☐ DELETE	1,1 TITLE				
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				12 NAME			∐ C⊓ange	Addition
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), suite	_	1.3 STREE	ET ADDRESS		Change	Addition
CITY-ST-ZIP	CORAL GABLES FL 33134), suite	920	1.3 STREE 1.4 CITY-5	ET ADDRESS		Change	Addition Addition
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 I hereby certify that the information supplied y indicated on this annual report or supplements officer or director of the corporation or the ed Block 12 or Block 13 if changed, or op an atta SIGNATURE:

CITY-ST-ZIP

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information what ennual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ecciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in statchment with an address, with all other tike empowered.