Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90064 011 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FEORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000087645

 Corporation 	Name									
EQUITY	ONE (MONUMENT) INC.						I H ar angan ikan barnan al	111 20 151 01 211 00 115 00	181 26211 18318 81111 B	11 64 4 1 84 9 14 1
Principal Place of Business Mailing Address							i 1801489) (18 18118 61	ift Affili Aftili Anili At	 	11861 9111 1881
777 17TH STREET PENTHOUSE 777 17TH STREET PENTHOU										
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139			33139				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or 0			
						ĺ	10/15/1996			
2. Principal Pl	ace of Business	2a. Mailing Addre	155				4. FEI Number		· · · · · · · · · · · ·	plied For
21		26					65-0704444			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				5. Certificate of Status De	esired 🔲	\$8.75 A Fee Re	
22		27								
City & State		City & State					Election Campaign Fit Trust Fund Contribution	- 11	\$5.00 Added to	· ·
Zip	Country Zip			Country			8. This corporation owes			ا ا
24				0			Personal Property Tax			□No
	9. Name and Address of Current	Registered Agent		81	Name		10. Name and Address	of New Registere	ea Agent	
MAAD	CUS, ALAN J ESQ			61	Name					
20803 BISCAYNE BOULEVARD				82	Street	Address (P.O. Box Number is Not Acceptable)				
SUITE 301				83						
NORTH MIAMI, BEACH FL 33180/1										
(1) (1)				84	City			F	85 Zip C	
11. Pursuant office or reagent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the state of m familiar with, and accept the obligat	2 and 607.1508, Florid of Florida. Such chang ions of, Section 607.0	la Statutes, th je was author 1505, Florida (ne above rized by Statutes	e-named the corpo	corpora oration's	ation submits this statement s board of directors. I here	nt for the purpose by accept the app	of changing its pointment as reg	registered gistered
SIGNATURE	{ R / Y // , Y Y							DATE		
	Signature lyped or purpled agreed agent	and title if applicable.		13.	t signature re	requirea wi	nen reinstating) ADDITIONS/CHANGES		AND DIRECTO	RS IN 12
TITLE	P UNDICERS AIN	DIRECTORS DE		1.1 TITLE		T		3,000	Change	Addition
,	KATZMAN, CHAIM			12 NAME	ļ					
NAME STREET ADDRESS	ATTLE OTDEET DENTHOLOG			1.3 STREET ADDRESS						
CITY-ST-ZIP	MANU DEACH EL			1,4 CITY-ST-ZIP						
TITLE	VP DELETE			2.1 TITLE					Change	Addition
NAME	VALERO, DORON			2.2 NAME						
STREET ADDRESS	777 17TH STREET PENTHOUS	Ē		2.3 STREET	ADDRESS	;			-	
CITY-ST-ZIP	MIAMI BEACH FL		:	2. 4 CITY-S	T-ZIP					
TITLE		□ DE	LETE	3.1 TITLE					☐ Change	☐ Addition
NAME			;	3.2 NAME			•			
STREET ADDRESS				3.3 STREE	ADDRESS	3				j
CITY-ST-ZIP				3.4. CITY-S	iT-ZIP	<u> </u>				□ A 3290
TITLE		☐ Di	LETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS			<u> </u>	4.3 STREET	FADDRESS	3				,
CITY-ST-ZIP				4 4 CITY-S	T-ZIP	-				□ Addison
ππe		∐ Di	LETE	5.1 TITLE		1			Change	☐ Addition

CITY-ST-ZIP in supplied with this filing ches not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 only the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in or only an attachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report of officer or director of the corpora Block 12 or Block 13 if change

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition