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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90125 042 ***150.00

MINUIAN	Creek resorts develop	PMENT, INC.						
Principal Place	e of Business	Mailing Address	· ·			11 00111 0 3 101	inter initi nati	19 16110 6111 1881
1047 92ND ST		1047 92ND ST					,	
44 W. FLAGLER STREET, 14TH FLOOR 44 W. FLAGLER STREET, 1								
BAY-HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL			33154		DO NOT WRIT	E IN THIS	SPACE	
US		US		[:	3. Date Incorporated or Qualifed			ſ
					10/29/1996			
2. Principal Pl	lace of Business	2a. Mailing Address		4	FEI Number		A	pplied For
21		26			65-0723209		. N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27		'	S. Certificate of Status Desired	Ш	Fee R	equired
City & State	e	City & State		(5. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	- 1	3. This corporation owes the curre	nt year Inta	angible	
24	25	29	30		Personal Property Tax.	•	ŬYes	□No
	9. Name and Address of Current			. 10	0. Name and Address of New R	egistered .	Agent	
			81 Nam	ne .	***			
	iguzza, Joseph H		92 5) -	(P.O. Box Number is Not Acceptal	-la\		
	W. FLAGLER ST 27TH FLOOR		82 Stree	Bi Address	(P.O. Box Number is Not Acceptai	ule)		
44 W. Flagler Street, 14th Floor		83						
MIAN	MI FL 33123)	1					1-1	
			84 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statutes	s, the above-name	ed corporati	on submits this statement for the		changing its	s registered
. office_or_re	to the provisions of Sections 607 0502 edistered agent or both in the State of	f Florida, Such change was autions of, Section 607.0505, Florid	thorized-by-the co	rporation's	board of directors. I hereby accept	t-the u ppoi	itinont as re	egistered
1	m familiar with, and scept the obligati	ons of, Seption 607.0505, Florid	oa statutes.		•			
SIGNATURE.								
J. J. J. J.	Signaling types or project name of registered agent	and tifle if applicable (NOTE: F	Registered Agent signatur	re required whe	n reinstating)	DATE		
	· ////		Registered Agent signatu	re required whe	n reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12
12.	OFFICERS AND			re required when			D DIRECTO	ORS IN 12
12.	PD OFFICERS AND	DIRECTORS	13. 1.1 TITLE	re required when				
12. TITLE NAME	PD LEON, CARLOS A	DIRECTORS	13. 1.1 TITLE 1.2 NAME					
12. TITLE NAME STREET ADDRESS	PD LEON, CARLOS A 1047 92ND ST	DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRES					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, CARLOS A 1047 92ND ST BAY HARBOR ISLANDS FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORES 1.4 CITY-ST-ZIP				☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD LEON, CARLOS A 1047 92ND ST BAY HARBOR ISLANDS FL SD	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORES 1.4 CITY-ST-ZIP 2.1 TITLE					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, CARLOS A 1047 92ND ST BAY HARBOR ISLANDS FL SD GARCIA-DIAZ, FABIAN	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	355			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD LEON, CARLOS A 1047 92ND ST BAY HARBOR ISLANDS FL SD GARCIA-DIAZ, FABIAN 1047 92ND ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORES	355			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD LEON, CARLOS A 1047 92ND ST BAY HARBOR ISLANDS FL SD GARCIA-DIAZ, FABIAN	D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	355			☐ Change	Addition
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14. I hereby certify that the information supplied with/this fling 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 supplimental 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 or or an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

te Daytime

Daytime Phone #