FILED Feb 19, 1999 8:00 am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103344

1. Corporation Name

ALTOS DEL MAR REALTY CORP.

ALTOS	DEL MAR HEALTY CORP.									
Principal Place of Business Mailing Address						ĺ				
1177 KANE CONCOURSE SUITE 201 1177 KANE CONCOURSE SUI BAY HARBOR FL 33154 BAY HARBOR FL 33154				TE 201		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 12/24/1996				
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		•	Applied For	
21		26				65-0726323			Not Applicable	
	pt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
Zip	Country 25	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	3. Name and Address of Can	ent regional a significant	8	1	Name			-		
	APLIN, MARTIN W 177 KANE CONCOURSE		8:	2	Street Addre	ldress (P.O. Box Number is Not Acceptable)				
_	TE. 201 AY HARBOR FL 33154		8	3						
	.,,		8		City		FL	.	Zip Code	
office o	ant to the provisions of Sections 607.6 or registered agent, or both, in the Sta I am familiar with, and accept the obl	ite of Florida. Such change was au	imonzea o	'V II	named corpo ne corporatio	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoin	changing ntment a	j its registered s registered	
SIGNATUR	RE	NOTE:				when reinstating)	DATE			
40	Signature, typed or printed name of registered		13.	ווושן	editarate tedased	ADDITIONS/CHANGES TO OF		ID DIRE	CTORS IN 12	
12.	PTD	CERS AND DIRECTORS						Cha		
TITLE	TAPI IN MARTIN W			=	İ					
NAME	I LAPIUN, MARILIN YI		1.2 NAM8	•	i	and the second s				

ECTORS IN 12 Addition 1177 KANE CONCOURSE, STE. 201 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP BAY HABOR FL CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME SILVA, OSMILDA NAME 1177 KANE CONCOURSE, STE. 201 2.3 STREET ADDRESS STREET ADDRESS **BAY HARBOR FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ____ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. Hereby certify that the information supplied with this filing does not quality 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 adcurate 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 employered 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 attachylent with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S