

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90010 048 ***150.00

DOCUMENT # P97000004448 ✓

1. Corporation Name

TREASURE COVE TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

9240 Sunset Drive, Suite 233
Miami, Florida 33173

same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/10/97

2. Principal Place of Business

21 9240 Sunset Drive Ste 233

2a. Mailing Address

26 9240 Sunset Drive Ste 233

4. FEI Number

65-0761417

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 233

Suite, Apt. #, etc.

27 Suite 233

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Miami, Florida

City & State

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

24 33173

25 USA

Zip Country

29 33173

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANA DIAZ CORDERO
9485 Sunset Drive, Suite A-292
Miami, Florida 33173

10. Name and Address of New Registered Agent

81 Name

ANA DIAZ CORDERO

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

83 9485 Sunset Drive, Suite A-292

84 City

Miami

FL

85 Zip Code
33173

11. 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 office or 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

12. OFFICERS AND DIRECTORS

TITLE P/D MARIA REY ☐ DELETE
NAME
STREET ADDRESS 9240 Sunset Drive, Suite 233
CITY-ST-ZIP Miami, Florida 33173

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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:

MARIA REY

4/29/99

(305) 274-1729

CR2E034 (11/98)