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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000006185 (7)

1. Corporation Name

LAKESIDE PROPERTY INVESTMENT GROUP, INC.

Principal Place of Business

1100 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Mailing Address

1100 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 LAKESIDE PROPERTY  
INVESTMENT GROUP, INC.  
7440 S.W. 50 TERRACE, SUITE 107  
MIAMI, FLORIDA 33155

22. Mailing Address

26 LAKESIDE PROPERTY  
INVESTMENT GROUP, INC.  
7440 S.W. 50 TERRACE, SUITE 107  
MIAMI, FLORIDA 33155

City & State

City & State

Zip

Country

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J  
1100 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

65-0725791

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

JUAN A. VEGA SR

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

7440 S.W. 50 TERRACE

83

SUITE 107

84 City

MIAMI

FL

85 Zip Code

33155

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)

4/28/98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HELLMAN, MAYNARD J  
STREET ADDRESS 1100 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 DIRECTOR, PRESIDENT, SECRETARY ☐ Change ☒ Addition  
1.2 NAME JUAN A. VEGA  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR, VICE PRESIDENT, TREASURER ☐ Change ☒ Addition  
2.2 NAME JOHN J. KELLY  
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 BOTH HAVE THE SAME ADDRESS ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN KELLY

4/28/98 305 284 0600

CR2E034 (10/97)