

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
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DOCUMENT # P97000007359

1. Corporation Name
ERIGATA PROPERTIES, INC.

Principal Place of Business
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

Mailing Address
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

FILED

03-04-1999 90168.030 ***150.00

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STATE
ATLANTA, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

APPLIED FOR 65-090993

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD ESO.
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
WASERSTEIN, ALAN
9509 HARDING AVENUE
SURFSIDE FL 33154

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WASERSTEIN, ALAN
9509 HARDING AVENUE
SURFSIDE FL 33154

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CITY-ST-ZIP

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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 investment with an address, with all other like empowered.

SIGNATURE:

Signature and Title of Officer or Director

2/10/99 (305) 866-XXXX
Date
Signature

CR2E034 (1/198)