## 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

## DOCUMENT # P97000012792

1. Corporation Name

HILLCREST COMMUNITIES CORPORATION II

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90075 040 \*\*\*150.00



Principal Place of Business Mailing Address							
7661 S.W. 146T MIAMI FL 33156		7661 S.W. 146TH STREET MIAMI FL 33158			DO NOT WRITE IN THIS SPA	CF	
•					3. Date Incorporated or Qualifed 02/07/1997		
2. Principal Pl	lace of Business	2a. Mailing Address	Mailing Address				lied For
21		26			65-0733530	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired -
City & State		City & State			6. Election Campaign Financing	5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Intangi		m.,
24	25	29 30	<u> </u>		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Mama	10. Name and Address of New Registered Age	11	
GON	IZALEZ, JULIO J		"	Name	3		
	S.W. 146TH STREET		82	Street	t Address (P.O. Box Number is Not Acceptable)		•
	WI FL 33158		83				
1919-411	MITE GOTOG		63				
			84	City	FL 8	Zip C	ode
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was autrations of, Section 607.0505, Florida	orized by a Statutes	the corp	d corporation submits this statement for the purpose of char poration's board of directors. I hereby accept the appointment	nt as reg	gistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	RECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	GOMEZ, OSCAR F		1.2 NAME				
STREET ADDRESS	12601 SW 143 LANE		1.3 STREE	T ADDRESS	S		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-S	T-ZIP			
TITLE	VSTD	☐ DELETE 2.1TI				Change	Addition
NAME	GONZALEZ, JULIO J		2.2 NAME				
STREET ADDRESS	7661 SW, 146 ST		2.3 STREE	TADDRESS	s		
CITY-ST-ZIP	MIAMI FL 33158	_	2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS	S		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS	5		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			F3 1
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS	8		
CITY-ST-ZiP			5.4 CITY-S	T-ZIP		Char	□ <b>A</b> 3322-
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	-		6.3 STREE	F ADDRESS	5		

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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO J. GONZALEZ

305-740-3242