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Mailing Address

85 GRAND CANAL DB.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025984

1. Corporation Name

Principal Place of Business

SIGNATURE:

85 GRAND CANAL DR

NATION'S REALTY GROUP, INC.

#203 NJIANNI FL 3314	#203 MIAHI FL 38144			DO NOT WRITE IN THIS SPACE
12 0014	1			3. Date incorporated or Qualifed 03/24/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
780	5 500 245	26 780.5 80	W 24%	65-0769896 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	<u>′</u>	5. Certifcate of Status Desired Sequired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
13 M	A FL.	28 M/H	FL.	Trust Fund Contribution Added to Fees
Zip 33/5	Country US A.	Zip 29 3 3/55 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent
	CHEZ, MARIA JR.		81 Name	Address (P.O. Box Number is Not Acceptable)
	40 SW 118 ST CIRCLE WEST MI FL 33186		83 / 2	140 SW 110 Sticke about
			84 City	11A FL 85 Zip Code 7 3 / 80
44 0	A. the applications of Continue CO7 DEC2	and 607 1509. Elogida Statutos 1	the above named	corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autho	orized by the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		WOTC D		poured when reinstating) DATE
-	Signature, typed or printed name of registered agent a		istered Agent signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND			
TITLE		DELETE	1.1 TITLE	MALSIDERI
NAME	SANCHEZ, MARIO JR.		1.2 NAME	LISSETTE B MEREZ
STREET ADDRESS	12140 SW 110 ST CIRCLE WES		1.3 STREET ADDRESS	12140 SW 110 ST CINCLE WEST
CITY-ST-ZIP	MIAM! FL 33186		1.4 CITY-ST-ZIP	MIAM! FL. 39 Change Addition
TIFLE		DELETE	2.1 TITLE	Change Addison
NAME	,	1	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		<u></u>	2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	V. Preo SECRETARY. Change Addition
NAME		Į	3.2 NAME	MANIS CANCHES TR.
STREET ADDRESS		ļ	3.3 STREET ADDRESS	V. Pres / SECRETARY Change Addition MARIO SANCHEZ TR. 12140 SW 1105 Circle VIB MIAMIFL, 3318 Shange Addition
CITY-ST-ZIP		ļ	3.4. CITY-ST-ZIP	12140 SW 110st Wille 1/2
TITLE		☐ DELETE	4.1 TITLE	Micari El 33/6 Change Addition
NAME	Į		4. 2 NAME	11/1911/11/11/00/186.
STREET ADDRESS	İ		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
			5.3 STREET ADDRESS	
STREET ADDRESS	}		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		_ 5555.5	6.2 NAME	
NAME			6.3 STREET ADDRESS	
CEDECT ADDDESCO	II		U.S STREET MUURESS	

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 adachment with an address, with all other the empowered.