PROFIT CORPORATION ANNUAL REPORT 1999



Mailing Address

4025 COLLINS AVENUE

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700036833

1. Corporation Name

Principal Place of Business 4925 COLLINS AVENUE

STREET ADDRESS

CITY-ST-ZIP

PARTNERS INVESTMENT REALTY, INC.

SUITE 7G SUITE 7G DO NOT WRITE IN THIS SPACE MIAMI-BEACH FL 33140-MIAMILBEACH FL 93140 3. Date Incorporated or Qualifed 04/24/1997 4. FEI Number Applied For Principal Place of Business P.O. Box 402707 2a. Mailing Address O. BOX Not Applicable 65-0753273 26 \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SSRIVER, C 82 Street 4925 COLLINS AVENUE SUITE 7G 83 MIAMI BEACH FL 33140 City 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of char 11. Pursuant to the provis Such change was authorized by the corporation's board of directors. I hereby accept the appointmisection 607.0505, Florida Statutes. office or registered agent. I am familia SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1,1 TITLE TITLE SCRIVER, CONSTANCE 1.2 NAME NAME 4925 Coilins Avenue; Suite 12E 153 E. PALMETTO PARK ROAD 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZiP Miami Beam, FL 3340 BOGA RATON FL 33432 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4,1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

indicated on this annual report or 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. 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

May 06, 1999 8:00 am Secretary of State

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