## 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 # P97000041525

NATIONAL REAL ESTATE HOLDINGS, INC.

MATIONA	F HEVE FOUNTE HOSSIN							
Principal Place	of Business	Mailing Address	Mailing Address			1	I.	
420 LINCOLN RD STE 432 MIAMI BCH FL 33139			420 LINCOLN RD STE 432 MIAMI BCH FL 33139			DO NOT WRITE IN THIS SPACE		
	· ·					3. Date Incorporated or Qualifed	<del>.</del>	
						05/09/1997	•	
	1 2 2 2	- 1 On Assistant Address	2a. Mailing Address			4. FEI Number	Appl	ied For
2. Principal Pla	ace of Business	— <u> </u>	<b>⊢</b> ,			65-0753591	_ <del></del>	Applicable
1		26 Suite Apt # 6	Suite, Apt. #, etc.				\$8.75 Ad	ditional
Suite, Apt. #	, etc.	— — ' · · ·				5. Certifcate of Status Desired	Fee Req	uired
22		City & State	City & State			6. Election Campaign Financing	\$5.00 N	lay Be
City & State		<del>-</del>	28			Trust Fund Contribution	Added to	
23	Country		Zip Country			8. This corporation owes the current year	r Intangible	
Zip .	25 29 30		30	,		Personal Property Tax.	X Yes	□No
9. Name and Address of Current Registered Age						10. Name and Address of New Registe	red Agent	
	5. Hallie alla Address of Guit	14 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		81	Name			
PLC INVESTMENTS INC 420 LINCOLN RD STE 432				82 Street Add		ress (P.O. Box Number is Not Acceptable)	and the state of	
MIAMI BCH FL 33139				83			16 B 13	超期港
MICHIEL DOTT LE GOTOG						1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				84	City	ŕ	FL 85 Zip Ci	oue .
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 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. Vived or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition
TITLE	CECD	□ DE					~a-	
NAME	CEJAS, PABLO L			AME	Ì			l i
STREET ADDRESS	EET ADDRESS 420 LINCOLN RD STE 432		1.3 STREET ADDRESS		ADDRESS			{
CITY-ST-ZIP	TTY-ST-ZIP MIAMI BCH FL 33139		1.4 CITY-ST-ZIP		r-ZIP		Change	Addition
TITLE	D DELETE 2.1						[_] Ondings	١,
NAME			IAME	ļ		N.		
STREET ADDRESS	420 LINCOLN RD STE 432		TREET	ADDRESS			1	
CITY-ST-ZIP	MIAWI DCHTE 33133			CITY-S	T-ZIP		Change	Addition
TITLE (%)	Property mayors are	z z z z z z z z z 🔀 DI	LETE 3.11	TTLE	Ì		□ cualita	
NAME		Programme Commencer	3.2 1	IAME				Į
STREET ADDRESS	420 LINCOLN RD STE 432		3.3 8	TREET	ADDRESS		17 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
CITY-ST-ZIP	MIAMI BCH FL 33139		3.4.	CITY-S	IT-ZIP		f Change	L Addition
TITLE	STD	. D	ELETE 4.11	4.1 TITLE			: [:] Change ::	: LJ Addison
NAME	MONTERO, HILDA C	garage contracts	. 4.2	NAME	ļ			1
STREET ADDRESS	420 LINCOLN RD STE 432			4.3 STREET ADDRESS				t
CITY-ST-ZIP	MIAMI BCH FL 33139		4.4 (	CITY-S	T- ZIP		Change	Addition
TITLE	1			TITLE	1		Change	L) Addition
NAME	A STAN			NAME			. *	1
STREET ADDRESS			5.3	STREET	T ADDRESS			
CITY-ST-ZIP	LED .			CITY-S	T-ZIP			- Addition
J. 11-01-21		<u> </u>	CLETE 61	TITLE			☐ Change	☐ Addition

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, with all other like empowered.

SIGNATURE CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

1/15/99

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90017 006 \*\*\*150.00