


FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90024 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064541

1. Corporation Name

LANDINGS DEVELOPMENT, INC.

Principal Place of Business

115 NW 167TH STREET
SUITE 300
NORTH MIAMI BCH FL 33169
US

Mailing Address

115 NW 167TH STREET
SUITE 300
NORTH MIAMI BCH FL 33169
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0771037

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
Saby Behar82 Street Address (P.O. Box Number is Not Acceptable)
115 NW 167 Street

83 Suite 300

84 City
North Miami Beach**FL**85 Zip Code
33169

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

Saby Behar**2/15/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KASSIN, ROBERTO
STREET ADDRESS	115 NW 167TH STREET STE 300
CITY-ST-ZIP	NORTH MIAMI BCH FL 33169

TITLE	D <input type="checkbox"/> DELETE
NAME	BEHAR, Saby
STREET ADDRESS	115 NW 167TH STREET STE 300
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169

TITLE	D <input type="checkbox"/> DELETE
NAME	JARVIS, BRUCE R
STREET ADDRESS	115 NW 167TH STREET STE 300
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169

TITLE	D <input type="checkbox"/> DELETE
NAME	GRANVIL, TRACY M
STREET ADDRESS	115 NW 167TH STREET STE 300
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, V, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roberto Kassin
1.3 STREET ADDRESS	115 NW 167 Street, Suite 300
1.4 CITY-ST-ZIP	North Miami Beach, FL 33169

2.1 TITLE	D, V, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Saby Behar
2.3 STREET ADDRESS	115 NW 167 Street, Suite 300
2.4 CITY-ST-ZIP	North Miami Beach, FL 33169

3.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce R. Jarvis
3.3 STREET ADDRESS	115 NW 167 Street, Suite 300
3.4 CITY-ST-ZIP	North Miami Beach, FL 33169

4.1 TITLE	D, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Granvil M. Tracy
4.3 STREET ADDRESS	115 NW 167 Street, Suite 300
4.4 CITY-ST-ZIP	North Miami Beach, FL 33169

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED**Bruce R. Jarvis****2/15/99****305-654-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)