**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

**DIVISION OF CORPORATIONS** 

## Secretary of State

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90101 010 \*\*\*150.00

DOCUMENT	#	PQ7	'በበበ	റടെ	スロン
1. Corporation Name		1 37			

MEJUMI PROPERTIES, INC.



Principal Place of Business Mailing Address				I IABIIGN (10 IBIIL IBBS) ABIIL SAIPT ABIIL ABIIN BIIIN BIIND SIIND ABIIN IIBI			
800 CLAUGHTON ISLAND DR. #3001 800 CLAUGHTON ISLAND DR. MIAMI FL 33131 MIAMI FL 33131		. #3001		DO NOT WRITE IN THIS SPACE			
,				3. Date Incorporated or Qualifed			
					07/31/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For		
h		26			65-0771314 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>		\$8.75 Additional		
22 27 27		_>======	<del>(</del>	5. Certificate of Status Desired Fee Required			
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23 28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Count		,	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	25	29 30			Personal Property Tax. L Yes L No  10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent	81	Name	10. Maine and Address of New Registered Agent		
GON	izalez, elizandra a						
800 CLAUGHTON ISLAND DR., #3001		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	Al FL 33131		83	<u></u> ,,,			
]							
		84	"	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named co	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	·	ration's assist of directors. This say assept the apparatus as a significant		
SIGNATURE	f :				•		
4.5	Signature, typed or printed name of registered agent a		gistered Age	nt signature req	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OFFICERS AND	DELETE	1.1 TITLE		ABBITIONS/OFFIARISES TO OFFISEROW IN STREET Addition		
NAME	GONZALEZ, JUAN MIGUEL	<u></u>	1.2 NAME				
STREET ADDRESS	800 CLAUGHTON ISLAND DR.,	#3001		TADDRESS			
CITY-ST-ZIP	MIAMI FL 33131	FOODT	1.4 CiTY-S				
TITLE	VPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	GONZALEZ, ELIZANDRA A		2.2 NAME				
STREET ADDRESS	800 CLAUGHTON ISLAND DR.,	#3001	,2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	•		3.2 NAME				
STREET ADDRESS	· .		3.3 STREE	TADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4,1 TTTLE		☐ Change ☐ Addition		
NAME			4. 2 NAME	į			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	•	[*1 = #. ===	4.4 CITY-S	T-ZIP	Change ( Addition		
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	ļ	☐ Change ☐ Addition		
NAME		•	5.3 STREE	L VUUBESS			
STREET ADDRESS	•		5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-21	☐ Change ☐ Addition		
TITLE			6.2 NAME				
NAME .			6.3 STREE	TADDRESS	* 4		
STREET ADDRESS		•	64 CITY-S		•		

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 of 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: ( >

3 : 22 : 32 : 5 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR