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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073032

Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90175 019 ***150.00

| BUY & S | SALES PLOTS INC. | | | | | | | | | | | |
|---|--|---------------|------------------|------------------------------|---------------------------|---------------|-------------------------|--|-------------------|----------|----------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | OFF BILL | ł 00100 | 1311 4 11 4 1 (88) | |
| 3131 S.W. 17TH STREET 3131 S.W. 17TH STREET | | | | | | | | | | | | |
| FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | | | 08/22/1997 | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | 4. FEI Number | Applied For | | | |
| 21 26 | | | | | | | | 65-07761 <u>99</u> | Not Applicable | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | 5 Certificate of Status Desired | \$8.75 Additional | | | |
| 22 27 | | | | | | | | Fee Required | | | | |
| City & State City & State | | | | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| 23 28 | | | C == | | | | Trust Fund Contribution | | | rees | | |
| Zip Country Zip | | | | 30 | Country | | | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | |
| 24 | 9. Name and Address of Current | 29 Regis | tered Agent | 30 | _ | | | 10. Name and Address of New Registered | | | 7- | |
| <u> </u> | 3. Hanne and Fiduless of Carrolle | · · · · · · · | | | 81 | Name | | | | | | |
| VILASECA, WILLIAM | | | | | 00 | O4 | A al al a a | (D.O. D. Markeria Mat Apparatolia) | | | | |
| 3131 S.W. 17TH STREET | | | | | 82 Street Address (P.O. E | | | ss (P.O. Box Number is Not Acceptable) | | | | |
| FT LAUDERDALE FL 33312 | | | | | 83 | | | | | | | |
| | | | | | 84 | City | | FL | 85 | Zip C | ode | |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the | | | | | | e-named | COFPOR | reporation submits this statement for the number of changing its registered | | | | |
| 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. | | | | | | | | | | | | |
| _ | m ramiliar with, and accept the obligati | ons oi, | Section 607.0505 | , Fiorida Sta | ules | • | | | | | į | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title i | f applicable. | NOTE: Registere | Agen | t signature i | required v | when reinstating) DATE | | | | |
| 12. | OFFICERS AND | DIRE | CTORS | 13. | | | | ADDITIONS/CHANGES TO OFFICERS AN | | | | |
| TITLE | PD | | ☐ DELET | E 1.1 T | ΠLE | | | • | □ ct | ange | ☐ Addition | |
| NAME | VILASECA, WILLIAM | | | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | 1.4 CITY-ST-ZIP | | | | | | | |
| TITLE | STD | , , | ☐ DELET | | | | | • | ☐ Ch | lange | ☐ Addition | |
| NAME | LANG MERKY XXX | | | 2.2 N | | | | | | | , | |
| STREET ADDRESS | 3731/SWX 17JH STREET | _ | | 1 | | ADDRESS | | | | | | |
| CITY- ST- ZIP | FT QAUDERDALE 42 323128 ~ \ | | ☐ DELET | | | T-ZIP | | | <u></u> 0 | ange | Addition | |
| TITLE | | | ☐ DELE | | | | | • | L) VI | ange | | |
| NAME | | | | 3.2 N | | | | | | | | |
| STREET ADDRESS | • | | | | | FADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | | | | _ | T-ZIP | \vdash | and a second time of the second secon | | nange | Addition | |
| 1 | | | | | AME | | | | _ | · | _ | |
| NAME STREET ADDRESS | | | | | | ADDRESS | | | | | 1 | |
| CITY-ST-ZIP | | | | | | | | | | | ĺ | |
| TITLE | | | | 4.4 CITY-ST-ZIP 5.1 TITLE | | 1 | | C | ange | Addition | | |
| NAME | | | | 5.2 N | | | | • | | | | |
| STREET ADDRESS | | | | 5.3 S | TREET | TADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 5.4 0 | TY-5 | T-ZIP | L | | | | | |
| TITLE | | | ☐ DELET | E 6.1 T | ITLE | | | | | ange | ☐ Addition | |
| NAME | | | | 6.2 N | AME | | | | | | | |
| STREET ADDRESS 6.3 | | | | | 3.3 STREET ADDRESS | | | | | | | |
| ì | | | | 6.40 | | T 710 | 1 | | | | | |

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 profowered 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 AND TYPED OR PRINTED MINE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (11/9)