FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079158

1. Corporation Name

PEBA 14 FLAGLER STREET PROPERTY, INC.

0.1 1 101 / 0 1111	A A - 5

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90150 025 ***158.75



				-		
Principal Place	e of Business	Mailing Address				
3275 N.W. DETI MIAMI FL	H STREET	3275 N.W. 36TH STREET MIAMI FL				DO NOT WRITE IN THIS SPACE
						Date Incorporated or Qualifed
						09/12/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				65-0788254 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	•	27				5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 litay Be
23		28				Trust Fund Contribution Added to Fees
Zip	Couritry	Zip	Count	ry		8. This corporation owes the current year intangible
24	25	29	30			Persor al Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registers d Agent
Dr. C	E4 1474D0		8	1 N	ame	
	EA, LAZARO		8	2 S	treet Ac dr	ress (P.O. Box Number is Not Acceptable)
	5 N.W. 36TH STREET		<u></u>	\perp		n
MAIM	VII FL		8	3		99
			8	4 C	ity	85 Zip Code
				-	•	FL-
office cr r agent. a	to the provisions of Sections 607,050, egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was	authorized b	y the	corporatio	poration submits this statement for the purpose of changing its registered on's board of cirectors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	: Registered Ag	ent sign	nature require	ad when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			Change Addition
NAME	BARROSO, LUIS		1.2 NAME	=		U '
STREET ADDRESS	3275 N.W. 36TH STREET		13 STRE	ET ADD	RESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIF	,	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	PEREA, LAZARO		22 NAME		ĺ	
STREET ADDRESS	3275 N.W. 36TH STREET		2.3 STREET ADDRESS		RESS	
CITY-ST-ZIP	MIAMI FL		2 4 CITY	-ST-ZII	P	
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	PEREA, MARIA		32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		RESS	
CITY-ST-ZIP	MIAMI FL	. <u> </u>	3.4. CITY	-ST-ZII	Р	
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	BARROSO, LUISA		4. 2 NAM	E		
STREET ADDRESS	3275 N.W. 36TH STREET		4.3 STRE	ET ADE	RESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-	ST-ZIP	<u> </u>	
TITLE		☐ DELETE	51 TITLE		1	☐ Change ☐ Addition
NAME			5.2 NAMI		- [
STREET ADDRESS			5.3 STRE	ET ADD	ORESS	
CITY-ST-ZIP			5.4 CITY		<u>`</u>	
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change ☐ Addition
NAME			6.2 NAME	•	\	
STREET ADDRESS			6.3 STRE	ET ADD	RESS	
			64 CITY	. \$τ. 7ID	,	

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 a mual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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 attackment with an address, with all other like empowered.

SIGNATURE: