## 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 # P97000081464

Country

9. Name and Address of Current Registered Agent

25

2. Principal Place of Business

CUZA, EGNA I

2125 SW 103RD PLACE MIAMI FL 33165

Suite, Apt. #, etc.

City & State

23

24

Zip

ERC APPRAISERS & ASSOC., INC.

Mailing Address
2125 SW 103RD PLACE
MIAMI FL 33165

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

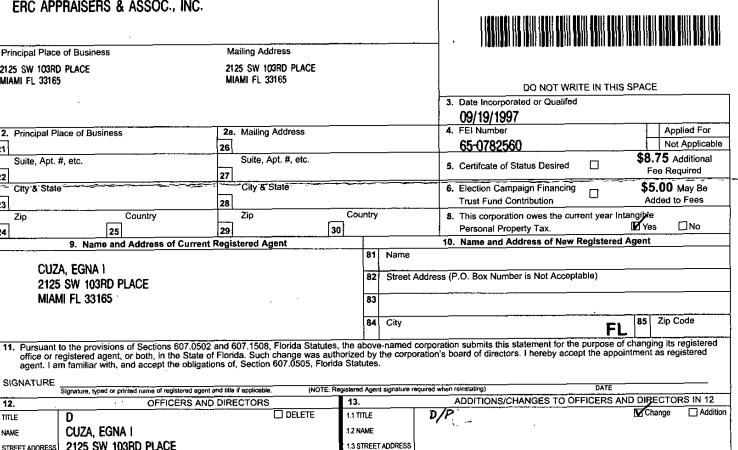
27

28 Zip

29

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90054 035 \*\*\*150.00



agent. Tan farming with, and accept the bulgations of, Section 607, 5000, 1 tondo statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature r	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12			
TITLE	D DELETE	1.1 TITLE	D/P	Change	☐ Addition
NAME	CUZA, EGNA I	1.2 NAME			[
STREET ADDRESS	2125 SW 103RD PLACE	1.3 STREET ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP			
TITLE	DELETE	2.1 TITLE	V/S	Change	Addition
NAME	· ·	2.2 NAME	CUZA RUBENS E 2125 SW 103rd Place MIAMI, FL 33165.	•	ľ
STREET ADDRESS		2.3 STREET ADDRESS	2125 SW 103rd Place		}
CITY-ST-ZIP-	<u> </u>	2.4 CITY+ST-ZIP .	MiAMI, FL 33165	<u> </u>	
TITLE	. DELETE	3.1 TITLE	,	☐ Change	Addition
NAME		3.2 NAME			}
STREET ADDRESS		3.3 STREET ADDRESS			[
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			1
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADORESS			-
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			ľ
STREET ADDRESS	Strates a	6.3 STREET ADDRESS			1
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

Country

83

City

30

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 on an affectment with an address, with all other like empowered.

SIGNATURE: