

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 # P97000091781

Corporation Name  
CORAL WAY ASSOCIATES, INC.

Principal Place of Business  
CORAL WAY  
MIAMI FL 33145

Mailing Address  
1385 CORAL WAY 3FL  
MIAMI FL 33145

**FILED**  
**Feb 05, 1999 8:00am**  
**Secretary of State**

02-05-1999 90021 033 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified<br>10/24/1997  |                                |
| 4. FEI Number<br>65-0789987  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent              |  | 10. Name and Address of New Registered Agent  |  |
| HERNANDEZ, RAFAEL M.<br>1385 CORAL WAY 3FL<br>MIAMI FL 33145 |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |  |

I, the undersigned, being duly sworn, certify that I am familiar with 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 agent 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.

| OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---------------------------------|--|---|
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |                                 | DATE   |   |
| D<br>HERNANDEZ, RAFAEL M<br>1385 CORAL WAY 3FL<br>MIAMI FL 33145   | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>PEREZ, JORGE L<br>1385 CORAL WAY 3FL<br>MIAMI FL 33145  | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>HERNANDEZ, RAFAEL<br>1385 CORAL WAY 3FL<br>MIAMI FL 33145   | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>SABATES, MARIO<br>1385 CORAL WAY 3FL<br>MIAMI FL 33145  | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 stated 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99  
Date

305 854-3307  
Daytime Phone #

CR2E034 (11/98)