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FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90018 023 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000103485**

1. Corporation Name
SECTION 7, TRACT 21 PROPERTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134		Mailing Address 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 12/09/1997	
Suite, Apt. #, etc. 27	Suite, Apt. #, etc. 27	4. FEI Number 59-3587984 Applied For	
City & State 28	City & State 28	APPLIED FOR 59-3587984 Not Applicable	
Zip 25	Country 29	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 HELLMAN, MAYNARD J 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
150 S. Pine Island Rd Ste 500 Plantation, FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREJON, IBIS	1.2 NAME	
STREET ADDRESS	8433 OKEECHOBEE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33010	1.4 CITY-ST-ZIP	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABLO J. VALDES	2.2 NAME	
STREET ADDRESS	8433 W. OKEECHOBEE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	2.4 CITY-ST-ZIP	
TITLE	VP, S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD J. HELMAN	3.2 NAME	
STREET ADDRESS	150 S. Pine Island Rd Ste 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____