

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000108042 (7)**

1. Corporation Name

HIALEAH RETIREMENT LIVING REAL ESTATE, INC.

Principal Place of Business

**10445 S.W. 128TH TERRACE
MIAMI FL 33176**

Mailing Address

**10445 S.W. 128TH TERRACE
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1997

2. Principal Place of Business

2a. Mailing Address

21 **326 WEST 11 STREET**

26 **10445 SW 128 TERR**

4. FEI Number

05-0806192

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **HIALEAH, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33010**

Country

25 **DADE**

Zip

29 **33176**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

**LOPEZ, CAMILO
10445 S.W. 128TH TERRACE
MIAMI FL 33176**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **LOPEZ, CAMILO**
STREET ADDRESS **10445 S.W. 128TH TERRACE**
CITY - ST - ZIP **MIAMI FL 33176**

TITLE **VPD** ☒ DELETE
NAME **SANTIAGO, EDGAR**
STREET ADDRESS **10445 S.W. 128TH TERRACE**
CITY - ST - ZIP **MIAMI FL 33176**

TITLE **STD** ☐ DELETE
NAME **MICHEL, JACK**
STREET ADDRESS **10445 S.W. 128TH TERRACE**
CITY - ST - ZIP **MIAMI FL 33176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Santiago, Edgar**
2.3 STREET ADDRESS **15130 Dunbar Lane Place**
2.4 CITY - ST - ZIP **Miami Lakes, FL 33016**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DST Michel, Jack**
3.3 STREET ADDRESS **7845 Atlantic Way**
3.4 CITY - ST - ZIP **Miami Beach, FL 33131**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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)(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, or on an attachment with an address.

SIGNATURE:

02/10/98 (305) 887-8110

CF2E034 (10/97)