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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108044 (3)

HIALEAH RETIREMENT LIVING MANAGEMENT COMPANY. IN

Principal Place of Business

Mailing Address

## **FILED** Apr 23 1998 8:00am Secretary of State



10445 S.W. 1281H TERRACE 10445 S.W. 1281H TERRACE MIAMI FL 33176					
		MINMI 1 C DVI 10			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
(326)		· • · · · · · · · · · · · · · · · · · ·			12/26/1997
2. Mincipalis	lace of Business	26. Mailing Address 5u	o 128	TER	4. FEI Number Applied For
Suite, Apt	WEST II STREET	26 10445 50 Suite, Apt. #, etc.	0 120	1 CA	40.75
22 Suite, Apr	#, etc				5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		City & State			
23 HIAL	EAH. FL	28 MIAMI.	FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Z <sub>1</sub> p	Country		8. This corporation owes or has paid the current year Intangible
24 330	10 25 DADE	29 33176	30 DA	FDE	Personal Property Tax due June 30. Yes No
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
LO	PEZ, CAMILO				
ADARE CAN ADOTH TERRAPE				Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33176			02	Olleger	nduress (F.O. Box Humber is Not Acceptable)
			83		
			84	City	lar I 7:- C-d-
			**	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	if Florida. Such change was a	uthorized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
-	m lamila with, and accept the congar	idits di, accidit dar.dada, Fid	ricia statute:	<b>.</b>	
SIGNATURE	Signature: Typicid or printed nation of registered egent	and their applicable (NOTE	Begistered Age	ent signature i	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TOLE	T	Change Addition
NAME	LOPEZ, CAMILO		1.2 NAME		
STREET ADDRESS	10445 S.W. 128TH TERRACE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	N.	1.4 CITY - S	T - ZIP	
TITLE	DVP	DELETE	2.1 TITLE		DVP Addition
NAME	Santiago, Edgar		2.2 NAME		Santiaga rationer
STREET ADDRESS	10445 S.W. 128TH TERRACE		2.3 STREET	ADDRESS	15130 Dunbartone Place
CITY - ST - ZIP	MIAMI FL 33176		2 4 CITY -	ST-ZIP	Miant Lakes, FL 33016
TITLE	STD	☐ DELETE	31 TITLE		DST Change Addition
NAME	MICHEL, JACK		3 2 NAME		michel, Juch
STREET ADDRESS	10445 S.W. 128TH TERRACE		3 3 STREET	ADDRESS	7845 Atlantic Way
CITY - ST - ZIP	MIAMI FL 33176		3.4. CITY-	ST-ZIP	Miami Beach, FL 33131
TITLE		☐ DELFTE	4 1 TITLE		Change Addition
NAME			4 2 NAME	1	
STREET ADDRESS			4.3 STREET	ADDRESS	
CHTY - ST - ZIP		10.5 0.000 0.000	4.4 CHY-S	T - ZIP	
TITLE		DELFTE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STHEET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	T - ZIP	
TITLE		DELETE	6.1 TITLE	T	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEET	ADDRESS	
CITY-ST-ZIP		<b>-</b>	6.4 CITY - S		
14. Thereby o	erlity that the information supplied with	this filing does not qualify to	r the exemp	tion stated	ed 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 schural 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.

nolinlog (205)827-8110