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

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 14 PM 1:19

[redacted]

DOCUMENT # P97000108432

1. Corporation Name
AHC AT MONARCH LAKES, INC.

Principal Place of Business	Mailing Address
2450 SW 137TH AVE., SUITE 228 MIAMI FL 33175	2450 SW 137TH AVE., SUITE 228 MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Appl Not
21	26	65-0802242	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 A Fee Re
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 Added t
23	28		
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
A&P REGISTERED AGENT, INC. 2460 SW 137TH AVENUE SUITE 226 MIAMI FL 33175	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip

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 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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTC	
TYPE	PSD ☐ DELETE	1.1 TITLE	☐ Change
NAME	ADRIAN, PEDRO J	1.2 NAME	300001288288B3--1
STREET ADDRESS	2450 SW 137TH AVE., SUITE 228	1.3 STREET ADDRESS	-05/21/99--01100--003
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TYPE	VPT ☐ DELETE	2.1 TITLE	☐ Change
NAME	MEDINA, ANGEL	2.2 NAME	
STREET ADDRESS	2450 SW 137TH AVE., SUITE 228	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	
TYPE	☐ DELETE	3.1 TITLE	VP Add ☐ Change
NAME		3.2 NAME	Alonso, Patricia
STREET ADDRESS		3.3 STREET ADDRESS	2450 S.W. 137 Ave., Suite 228
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33175
TYPE	☐ DELETE	4.1 TITLE	☐ Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TYPE	☐ DELETE	5.1 TITLE	☐ Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TYPE	☐ DELETE	6.1 TITLE	☐ Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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; 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, added or deleted.

SIGNATURE: [signature] 5/13/99