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FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90074 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000003135

1. Corporation Name  
BILTMORE ASSOCIATES, INC.

Principal Place of Business  
881 OCEAN DRIVE  
UNIT F8  
KEY BISCAYNE FL 33149

Mailing Address  
881 OCEAN DRIVE  
UNIT F8  
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

65-0808731

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 711 Biltmore Way

Suite, Apt. #, etc.

22 Coral Gables, FL

23 City & State

24 Zip 33134

25 Country

2a. Mailing Address

26 711 Biltmore Way

Suite, Apt. #, etc.

27 Coral Gables, FL

28 City & State

29 Zip 33134

30 Country

9. Name and Address of Current Registered Agent

RUSSO, LAURA  
4675 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES FL 33146

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 PD ☐ DELETE

NAME DUQUE, DIEGO

STREET ADDRESS 881 OCEAN DRIVE, F8

CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE

NAME DUQUE HENAO, CLAUDIA E

STREET ADDRESS 881 OCEAN DRIVE, F8

CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE SD ☐ DELETE

NAME DE DUQUE, ELVIA H

STREET ADDRESS 881 OCEAN DRIVE, F8

CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE

NAME HENAO, JUAN CARLOS D

STREET ADDRESS 881 OCEAN DRIVE, F8

CITY-ST-ZIP KEY BISCAYNE FL 33149

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Date

305 446-3882

Daytime Phone #

CR2E034 (11/98)