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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000004240

1. Corporation Name			
EL MORRO REALTY INC.			
Principal Place of Business	Mailing Address		
200 E COLONIAL DR	200 E COLONIAL DR		
ORLANDO FL 32801	ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
⊢- ¬ '	— ·		Not Applicab
Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	27		5. Certificate of Status Desired
City & State	City & State		6. Election Campaign Financing 55.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
2425	29	30	Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
		81 Name	V 0
PEREZ JORGE		Seren	IA H. SUATEZ
200 E COLOMAL DR			
ORLANDÓ FL 32801		83	
		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/13/1998 2a. Mailing Address 25. Certificate of Status Desired D	
		01	. J. 77 FL 22917
11. Pursuant to the provisions Sections 607	.0502 and 607-1508, Florida Statute	es, the above-named c	orporation submits this statement for the purpose of changing its registered
office or registered agent, or both in the s	tate of Etonda, Such change was a	otherized by the corpor	ration's board of directors. I hereby accept the appointment as registered
	(1) Terene H	lune	2-10-99
SIGNATURE Signature, typed or mit of the property	agent and title if applicable.	Registered Agent signature rec	quired when reinstating)
12. dFFIGERS	AND DIRECTORS	13.	
TITLE D	✓ X DELETE	1.1 TITLE	President Change Addi
NAME PEREZ, JORGE		1.2 NAME	Serena H. Suarez
STREET ADDRESS 200 E COLONIAL DR		1.3 STREET ADDRESS	200 E. Colonial Dr.
CITY-ST-ZIP ORLANDO EL 32801		1.4 CITY-ST-ZIP	Orlando, Florida 32801
TITLE	☐ DELETE	2.1 TITLE	[_] Change Addi
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CHY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addi
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	

6.4 CITY-ST-ZIP 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: >

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

02/10/99 (407) 679-2168

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90221 028 ***158.75

Change

Change

☐ Addition

Addition