

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

APPROVED
AND
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99 MAY -3 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000008329

1. Corporation Name

REEDY CREEK MITIGATION, INC.

Principal Place of Business

Mailing Address

2300 SW 23 STREET
MIAMI FL 33145
US

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MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE # 200 City & State 23 MIAMI FLORIDA Zip Country 24 33145 25 U.S.	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE # 200 City & State 28 MIAMI FLORIDA Zip Country 29 33145 30 U.S.	3. Date Incorporated or Qualified 1-27-98 4. FEI Number 65-0848105 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 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY, SUITE # 200
83
84 City MIAMI FL 85 Zip Code 33145

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/LOPEZ-CANTERA AMADA	11 TITLE	
NAME	2300 CORAL WAY.	12 NAME	
STREET ADDRESS	MIAMI FLORIDA 33145	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	7000028676317-0
STREET ADDRESS		23 STREET ADDRESS	-05/07/99--01100--023
CITY-ST-ZIP		24 CITY-ST-ZIP	*****8.75 *****8.75
TITLE		31 TITLE	
NAME		32 NAME	7000028676317-0
STREET ADDRESS		33 STREET ADDRESS	-05/07/99--01100--024
CITY-ST-ZIP		34 CITY-ST-ZIP	*****150.00 *****150.00
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AMADA LOPEZ-CANTERA, PRES

Date

Daytime Phone #