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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

99 JUL - 1 PM 4: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

85

Zip Code

LANDMARK VIII, INC.

Principal Place of Business
c/o Affordable Landmarks
1130 Washington Avenue
4th Floor
Mismi Beach FL 33139

Mailing Address c/o Affordable Landmarks 1130 Washington Avenue 4th Floor

3. Date Incorporated or Qualifed Miami Beach, FL 33139 Miami Beach, FL 33139 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0913428 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Yes □No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Green, Patricia K. 2200 Museum Tower 82 Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street Miami, FL 33130

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.

84 City

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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PTD DELETE	1.1 TITLE	Change Addition				
NAME	Saland, Robert F.	1.2 NAME	6000029256066 -07/07/9901081008				
STREET ADDRESS	1130 Washington Ave., 4th Floor	1.3 STREET ADDRESS	****558.75 *****558.75				
CMY-ST-ZIP	Miami Beach, FL 33139	1.4 CITY+ST+ZIP	**************************************				
TTTLE	VSD DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	Rojo, Francisco	2.2 NAME					
STREET ADDRESS	1130 Washington Ave., 4th Floor	2.3 STREET ADDRESS					
	Miami Beach, FL 33139	2.4 CITY-ST-ZIP					
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition				
NAME		32 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		34 CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	Change Addition				
NAME	<u> </u>	4. 2 NAME					
STREET ADDRESS	,	4.3 STREET ADDRESS					
CITY-ST-ZIP	ļ	4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	51 TITLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY+ST+ZIP					
TITLE	☐ DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME	UD AA				
STREET ADDRESS		6.3 STREET ADDRESS	7-9				
CITY.ST.7IP		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 Mat my name appears in Block 12 or Block 13 in transport or trustee empowered.

SIGNATURE:

67,

6/29/99 (305)-9552