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FILED
Apr 14, 1999 8:00 am
Secretary of State

0106296

PROFIT CORPORATION ANNUAL REPORT 1999



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

04-14-1999 90159 027 ***150.00
 04-14-1999 90159 028 *****8.75

DOCUMENT # P98000022063

1. Corporation Name
OLIVARES PROPERTIES INC.



Principal Place of Business
 8645 GRANDEE DRIVE
 ORLANDO FL 32829

Mailing Address
 8645 GRANDEE DRIVE
 ORLANDO FL 32829

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
03/09/1998

4. FEI Number
52-210-8974

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

9. Name and Address of Current Registered Agent
OLIVARES, EMMANUEL J
8645 GRANDEE DRIVE
ORLANDO FL 32829

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / CHAIRMAN OF BOARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMANUEL J. OLIVARES	1.2 NAME	
STREET ADDRESS	8645 GRANDEE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL. 32829	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT / TREASURER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCEDES D. OLIVARES	2.2 NAME	
STREET ADDRESS	8645 GRANDEE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL. 32829	2.4 CITY-ST-ZIP	
TITLE	SECRETARY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA C. OLIVARES	3.2 NAME	
STREET ADDRESS	8645 GRANDEE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL. 32829	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN OLIVARES	4.2 NAME	
STREET ADDRESS	8645 GRANDEE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL. 32829	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANINE ADELINE OLIVARES	5.2 NAME	
STREET ADDRESS	8645 GRANDEE DR ORLANDO 32829	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DIRECTOR / TRUSTEE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCA R. OLIVARES	6.2 NAME	
STREET ADDRESS	8645 GRANDEE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL. 32829	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: _____ DATE: **03/09/99** DAYTIME PHONE: **(407) 249-0078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **EMMANUEL J. OLIVARES (CURRENT)**

CR2E034 (11/98)