

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 # 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

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

04-14-1999 90159 027 ***150.00

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

52-210-8974

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVARES, EMMANUEL J
8645 GRANDEE DRIVE
ORLANDO FL 32829

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME EMMANUEL J. OLIVARES

STREET ADDRESS 8645 GRANDEE DR.

CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ DELETE

NAME MERCEDES D. OLIVARES

STREET ADDRESS 8645 GRANDEE DR.

CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ DELETE

NAME MARIA C. OLIVARES

STREET ADDRESS 8645 GRANDEE DR.

CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ DELETE

NAME BRIAN OLIVARES

STREET ADDRESS 8645 GRANDEE DR.

CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ DELETE

NAME JEANINE ADELINE OLIVARES

STREET ADDRESS 8645 GRANDEE DR.

CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ DELETE

NAME BIANCA OLIVARES

STREET ADDRESS 8645 GRANDEE DR.

CITY-ST-ZIP ORLANDO FL 32829

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMANUEL J. OLIVARES (INCIDENT)

03/09/99 (407) 249-0078

Date

Daytime Phone #

(407) 644-1187

CR2E034 (11/98)

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