- PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOCOOMS72

FILED Apr 29, 1999 8:00 am Secretary of State

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1. Corporation Name MAHOGANY ISLE OF FLORIDA CORP. Principal Place of Business Mailing Address SOI BRICKELL KEY DRIVE STE 400 MIAMI FL 33131 MIAMI FL 33131										
1							DO NOT WRITE IN	THIS SPACE		
							3. Date Incorporated or Qualifed		ì	
			D. Mail	ling Address			03/16/1998 4. FEI Number	X Ap	plied For	
2. Principal P	tace of Busine	33		mig Audross				F-1	t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			Carlotte of State - Desired - I	\$8.75 A		
Suite, Apt. #, etc.			27	<u>⊢</u>			5. Certificate of Status Desired	Fee Re	quired	
City & State			- -	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added:	May Be	, u
23		Country	28 Zip		Соцп	frv	a. This corporation owes the current y		1	
Zip 24	2	~, ·	29	[30	-,	Personal Property Tax.		□No	
 		nd Address of Currer					10. Name and Address of New Regis	stered Agent		
				<u> </u>		Name				
	SBERGAS, N				ļ	32 Street Add	ress (P.O. Box Number is Not Acceptable)			•
501 BRICKELL KEY DRIVE STE 400 - MIAMI FL 33131					-	83				
					ļ	B4 City		FL 85 Zip C	Code	
				** FL -14 - 01 - E4	1		maration culturity this statement for the nurr	rose of changing its	registered	
11. Pursuant office or n agent, I a	to the provisio egistered ager m famillar with	ns of Sections 507.050 nt, or both, in the State , and accept the obliga	of Florida. Si ations of, Sec	uch change was at tion 607.0505, Flor	rinonzed ida Statu	by the corporat	poration submits this statement for the purplion's board of directors. I hereby accept the	appointment as re	gisterøđ	
1 -										
SIGNATURE								DATE		6
SIGNATURE		printed name of registered age	ent and title if applic	mble. (NOTE:				DATE ERS AND DIRECTO	PRS IN 12	1/98)
ŀ		printed name of registered age	ent and title if applic	mble. (NOTE:	Registered /	gest eignature requir	red when reinstailing)	DATE		(11/98)
SIGNATURE	Signature, typed on DE OLIVEI	OFFICERS AF	ent and title if applic ND DIRECTO	RS (NOTE:	13. 1.1 TITL 1.2 NA	gent algnature requir E	red when reinstailing)	DATE ERS AND DIRECTO	PRS IN 12	034 (11/98)
SIGNATURE 12. TITLE	D DE OLIVEII 501 BRICK	OFFICERS AF PA REIS, ANDRE L ELL KEY DRIVE STI	ent and title if applic ND DIRECTO	RS (NOTE:	13. 1.1 TITL 1.2 NAI 1.3 STR	E EET ADDRESS	red when reinstailing)	DATE ERS AND DIRECTO	PRS IN 12	2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE	D DE OLIVEII 501 BRICK	OFFICERS AF PA REIS, ANDRE L ELL KEY DRIVE STI	ent and title if applic ND DIRECTO	RS (NOTE:	13. 1.1 TITL 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITL	E E EE EET ADDRESS /-ST-ZIP	red when reinstailing)	DATE ERS AND DIRECTO	RS IN 12	CR2E034 (11/98)
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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 informat 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 for on an attachment with an addiress, with all other like empowered.

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