PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000027606

MUTINY RESIDENCES, INC.

Principal Place of Business 1570 MADRUGA AVENUE

SUITE 200 CORAL GABLES FL 33146

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90030 012 ***158.75



Mailing Address 1570 MADRUGA AVENUE SUITE 200 DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33146 3. Date Incorporated or Qualifed 03/24/1998 4. FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address 65-0b Not Applicable 21 26 \$8.75 Additional = -- Suite, Apt..#. etc Suite, Apt. #, etc. -Fee Required --22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip __ Nes - Personal Property-Tax. --25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LUIS PARAJON O'NAGHTEN, JUAN T SPET ACTOR AT TREE (A MARY EVALUATION) 2665 SOUTH BAYSHORE DRIVE **MIAMI FL 33131** SUITE 200 CORAL GABLES 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 687,0505, Florida Statutes. (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TITLE m.e **CR2E034** PARAJON, LUIS 1.2 NAME NAME 1570 MADRUGA AVENUE SUITE 200 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition □ DELETE 2.1 TITLE TITLE 22 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2,4 CTY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 32NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP - Change Addition DELETE: 4.1 ITLE TITLE NAME 4 3 STREET ADDRESS STREET ACCRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP C..... Change DELETE 6.1 TITLE TITLE 8.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS B.4 CITY-ST-ZIP 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 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 cells; that I am 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 Block 12 or Block 13 if changed, or or 3h attachment with an address, with all other like empowered.