PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028987 1. Corporation Name

SECTION 31 TRACT 19 CORP.

Principal Place of Business

Mailing Address

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90247 013 ***150.00



901 PONCE DE LEON BLVDSTE.501 CORAL GAELES FL 33134		901 PONCE DE LEON BLVDSTE.501 CORAL GABLES FL 33134			DO NOT WR		IIS SPACE	<u> </u>			
						3. Date Incorporated or Qualifed 03/26/1998			_		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Appl	ied For	
2.	Sec of Business	26	¬ -			APPLIED FOR			Not Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		+		ditional	
22		27							e Req		
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution			.00 Iv	lay Be Fees	
Zip 24	Country 25	Zip	Coun	itry		This corporation owes the cur Personal Property Tax.	rent year	Intangible	(Mo	
<u></u>	9. Name and Address of Curren	. 				10. Name and Address of New	Register	d Agent			
				81	Name						
IRIONDO, ANDRES 901 PONCE DE LEON BLVD.,STE.501				82	Street Acid	ess (P.O. Box Number is Not Acceptable)					
CORA	AL GABLES FL 33134	,	·	83							
				84	City		F	85	Zip C	ode	
office or re	o the provisions of Sections 607.050; gistered agent, or bo h, in the State in familiar with, and accept the obligat	of Florida. Such change was	authorized :	bv ti	named ccr he corporat	poration submi s this statement for the ion's board of directors. I hereby acce	pt the ap	of changir of ointment	ng its r as reg	egistered stered	
SIGNATURE	Signature, typed or printed na ne of registered agen				signature requir	ed when reinstating)	DATE				
12.		L) DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS	AND DIRE	CTOF	S IN 12	
TITLE	P.D.	☐ DELETE	1.1 TITL	.E				☐ Chá	ange	☐ Addition	
NAME	JUAN MINE		1.2 NAM	ΜE							
STREET ADDRE iS	881 OCEAN Dr. # H	<i>f</i> 13	1.3 STF	REET A	ADDRESS						
CITY-ST-ZIP	KEY BISCOYNE F	-L 33149	14 CIT	Y-ST-	ZIP						
TITLE	ASSI SEC. ID	DELETE	2.1 TITI	LΕ				☐ Cha	ange	Addition	
NAME	0.0000 - 10.00	MOO	2.2 NAM	ΝE							
STREET ADORESS	901 Ponce de Leun	131Va. 113VI	23 STF	REET A	ADDRESS						
CITY-ST-ZIP	CORAL GABLES	FL. 33134	2. 4 CIT	Y-ST	- ZIP						
TITLE	,	☐ DELETE	3.1 TITL	.E				Cha	ange	Addition	
NAME			3.2 NA	ΝE							
STREET ADDRESS			3.3 STF	REETA	ADDRESS						
CITY-ST-ZIP			34 CIT	Y-ST	-ZIP						
TITLE		☐ DELETE	4.1 TITI	LE				☐ Cha	ange	☐ Addition	
NAME			4. 2 NA	ME							
STREET ADDRESS			4.3 STF	REETA	ADDRESS						
C/TY-ST-ZIP			4.4 CIT	Y-ST-	ZIP						
TITLE		☐ DELETE	5.1 TITI					☐ Ch	ange	Addition	
NAME			5.2 NAM								
STREET ADDRESS			5 3 STF	REETA	ADDRESS						
CITY-ST-ZIP		<u> </u>	5.4 CIT		ZIP					. <u></u>	
TITLE		☐ DELETE	6.1 TITL	E				☐ Cha	ange	Addition	
NAME			62 NAM	MΕ							
STREET ADDRESS	\sim		6.3 STF	REET	ADDRESS						
CITY, CT. 7ID	[i]		6.4 CIT	Y-ST-	ZIP						

14. Thereby certify that the information shall be 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 of 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 the receiver of the corporation of the

SIGNATURE:

MINI. JUAN TYPED OR PINTED NAME OF SIGNING OFFICER OR DIRECTOR