FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028991

1. Corporation Name

SECTION 31 TRACT 50 CORP.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD.:STE:501 CORAL GABLES FL 33134	901 PONCE DE LEON BLVDSTE.501 CORAL GABLES FL 33134

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90247 010 ***150.00



Principal Place of Business Mailing Address							t 188:168; tts 18181 18111 South Safet South Sales (1884 18116 (2010 1811)
901 PONCE DE LEON BLVDSTE.501 901 PONCE DE LEON I			PONCE DE LEON BL	/DSTE.50	11		
CORAL GARLES	S FL 33134	co	RAL GABLES FL 33131				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
1							03/26/1998
2 Princips I P	lace of Business	22	Mailing Address				4. FEI Number Applied For
	ace of business	\vdash	Mailing Address				65-090 6783 Noi Applicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc.	·			\$8.75 Additional
22	m, 610.	27	odite, 7 tpt. #, 010.				5. Certificate of Status Desired Fee Required
City & State	е		City & State				6. Election Campaign Financing \$5.00 May Be
23	•	28	,				Trust I'und Contribution Added to Fees
Zip	Country	- 20	Zip	Cou	ntry		This corporation owes the current year Intangible
24	25	29	•	30			Personal Property Tax.
	9. Name and Address of Curre		tered Agent	100	1		10. Name and Address of New Register∈d Agent
			<u> </u>		81	Name	ne
IRIO	NDO, ANDRES						
901	PONCE DE LEON BLVD., STE.5	01			82	Street	eet Arldress (P.O. Box Number is Not Acceptable)
COR	AL GABLES FL 33134				83		
					84	City	85 Zip Code
44 Discourant	to the assurations of Scotions 607.05	00 and 6	07 1509 Florida Statu	too the a		hamad	ned ccrporation submits this statement for the purpose of changing its registered
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid ations of,	la. Such change was Section 607,0505, Fl	authorized orida Stati	i by i utes.	the corpo	prporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed na ne of registered as	ent and title	f applicable (NOT	:: Registered	Agent	t signature re	ure required when reinstalling) DATE
12.	OFFICERS A	NI) DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 TI	ΓLE		☐ Change ☐ Addition
NAME	JUAN MINI	,		1.2 NA	ME	ļ	
STREET ADDRESS	EXI OCEAN Dr. =	# ⁻ 13	H	1.3 S1	REET	ADDRESS	ss
CITY-ST-ZIP	KEY BISCOUY.	e.	FL 33134	1.4 CI	TY-ST	-ZIP	
TITLE	JUAN MINI 881 OCEAN Dr. = MEY BISCOYN ASST- SEL, D	-)	☐ DELETE	2.1 TI	ΓLE		☐ Change ☐ Addition
NAME I	ANDRES J. 901 Ponce de la companya	Ali	1400	2 2 N	ME		
STREET ADDRE SS	ANORES J-	1000	BIVA # 50)	2381	REET	ADDRESS	ESS
CITY-ST-ZIP	YOU PONCE OF	LES	FL 33/31	₹ 2.4C	ITY-S	r- <i>Z</i> IP	
TITLE	Constant of	,	☐ DELETE	3.1 TF	ΠE		☐ Change ☐ Addition
NAME				3.2 N/	AME		
STREET ADDRESS				3,3 \$7	REET	ADDRESS	ess
CITY-ST-ZIP					TY-S		
TITLE			☐ DELETE	4.1 TF			Change Addition
NAME				4. 2 N	AME		
STREET ADDRESS						ADDRE\$S	ess
CITY-ST-ZIP				4.4 CF			
TITLE			☐ DELETE	5.1 Tr			☐ Change ☐ Addition
NAME			-	5.2 NA			
STREET ADDRESS				5.3 ST	REET	ADDRESS	ess
City-ST-ZiP				5,4 Ci		1	
TITLE			☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME				6 2 NA	WE		
	'					ADDRESS	ess
STREET ADDRESS	<i>.</i>)			TY-ST		
CITY-ST-ZIP	IL	<u> </u>		0.4 (1		-" _1	

ied with this filling does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information field 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 acceptance or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a later with an address, with all other like empowered. 14. Thereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation on the Block 12 or Block 13 if changed, or on a

SIGNATURE: