

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90067 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000031613**

1. Corporation Name
CONSOLIDATED PROPERTIES, INC.



Principal Place of Business Mailing Address
~~2151 LE JEUNE ROAD, MEZZANINE~~ ~~2151 LE JEUNE ROAD, MEZZANINE~~
~~CORAL GABLES FL 33134~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 2688 SW 137 Ave 26 2450 SW 137 Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite 220 27 Suite 220
 City & State City & State
 23 Miami, FL 28 Miami, FL
 Zip Country Zip Country
 24 33175 25 USA 29 33175 30 USA

3. Date Incorporated or Qualified
04/07/1998

4. FEI Number Applied For
65-0541195 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

9. Name and Address of Current Registered Agent
WILSON, J. EVERETT
2151 LE JEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **A&P Registered Agent, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2450 SW 137 Ave, Ste 220
 83 ~~MIAMI~~
 84 City **miami** FL 85 Zip Code **33175**

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 *Wilson* **President** DATE **4/19/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, J. EVERETT ESQ	
STREET ADDRESS	2151 LE JEUNE ROAD, MEZZANINE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vilamizar, Martha	
1.3 STREET ADDRESS	2688 SW 137 Ave	
1.4 CITY-ST-ZIP	MIAMI, FL 33175	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *H. Wilson* **WILSON** DATE **4/20/99** DAYTIME PHONE # **(905) 221-7623**

Signature and typed or printed name of signing officer or director

CR2E034 (11/98)