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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## FILED May 17, 1999 8:00 am Secretary of State

	1999			DIVISION OF C	ORPORATIONS	05-17-1999 90049 042 ***1	50.00
DOCU 1. Corporatio	MENT #	P980	7000	34471			
TER	ESTA	GROUP	ine.		_		
Principal Plac	o of Rusinoss		Maili	ng Address		_	
		0-110-1100		ng Address			
		CONGO URS.		7 1 -1			
3AY Y	1ARBOR	13 CANDS,	re of	3/104		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed  APR'L 15, 1998	
	lace of Business			lailing Address	<del>/ .</del>	4. FEI Number	Applied For
5600		NJ VAS.		5600 Coll	ing one	DPPLIED FOR	Not Applicable
Suite, Apt	3 - Y		27	uite, Apt. #, etc.		5. Certificate of Status Desired Fee	5 Additional Required
City & Stat  M ISN	i Bac	4 , FC	28	ity & State HIDITI B.	encli. FC	11 '	00 May Be ed to Fees
		Country	Zi	p	Country	8. This corporation owes the current year Intangible	
Zip 331	40 25	U.S.2			30 USA	Personal Property Tax. Yes	□No
	J. Hame an	d Address of Cur		ed Agent	81 Name	10. Name and Address of New Registered Agent	
	ANGEL	O PIZZ	UTO			WALTER & LEO	
	IMA KI	ME CONE	BURSE.		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
	1771/1 PLA	04-0 1914	AAIAO E	23/54	62		
· ·	IAN TAC	CROK 134	vos, r		Sur		
					84 City	IMI BEACH FL  85   3	33740
11. Pursuant	to the provisions	of Sections 607.0	0502 and 607.	1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose of changing	its registered
office or r agent. I a	egistered agent, m familiar with:	or both, in the Sta and accept the obl	ate of Florida. ligations of, Se	Such change was au ection <u>607.0</u> 505, Flori	thorized by the corporal da Statutes.	ion's board of directors. I hereby accept the appointment as	registered
SIGNATURE	Wal	8	1/-			4/26/199	<u> </u>
12,	Signature, typed or pr	rinted name of registered	AND DIRECT		Registered Agent signature requi	red when reinstating) / DATE /	TORS IN 12
TIFLE	PRES.	<u>OTTICERS</u>	AND DIRECT	DELETE	1.1 TITLE	Chan	
NAME	و مرسور بر این ا				1 2 NAME		
STREET ADDRESS	540 BR	IEKELL KE	Y DR., 1	\$ 16B	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI	, FL 33	131		1.4 CITY-ST-ZIP		
TITLE	Δ			DELETE	2.1 TITLE	Chan	ge Addition
NAME	CLAUDIO 1	R. SCAEB	0.445	# 1	2.2 NAME		1
	3003 1	BEACH,	700.	3066	2.3 STREET ADDRESS		- +
CITY-SI-ZIP TITLE	PAPANO	BCACH,	74 -	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Chang	ge Addition
NAME					3.2 NAME		
STREET ADDRESS					33 STREET ADDRESS		ŧ
CITY-ST-ZIP					3.4. CITY-ST-ZIP		
TITLE				□ DELETE	4 1 TITLE	Chang	ge
NAME					4 2 NAME		
STREET ACCRESS					4.3 STREET ADORESS		
CITY-S1-ZIP	···			DELETE	4.4 CITY-ST-ZIP	☐ Chan	ge [] Addition
TIPLE:				C Decent	51 TITLE 5.2 NAME		
NAME STREET ADDRESS				•	5.3 STREET ADDRESS		1
CITY-SI-ZIP					54 CITY-ST-ZIP	<u> </u>	
TITLE				DELETE	6.1 TITLE	, Chang	ge
NAME					62 NAME		
STREET ADDRESS					63 STREET ADDRESS		
CHY-SI-ZIF	portify that the i-	formation supplied	Lwith thin filing	does not qualify for	6.4 CiTY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the	ne information
r⇒. Indicator (	actions to the little and the little	a a commune substitled	a ariti i telia ililili.	a coop from the contraction to the	promption diamed III	The second of th	

indicated on this annual report or supplied who has him globs not quarry for the exemption stated in Section 118.07(3)(i). Profide Statutes, I further certify 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 ap-attachment with an address, with an other like empowered.

SIGNATURE: