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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000034705

1. Corporation Name

FLAGLER PROPERTIES GROUP MNGMT. CO.

Principal Place of Business Mailing Address				A LONGINSON TION INCOME TOTAL CONTRACT	1811 (8 811 8 818 C BILL 1881
6307 NE 2 AVE MIAMI FL 33158		POST OFFICE BOX 558703 MIAMI FL 33255			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				04/16/1998	, ,
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0828818	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			8.75 Additional
22		27			Fee Required
City & State		City & State			5.00 May Be
23		28		· · · · · · · · · · · · · · · · · · ·	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes the current year Intangib Personal Property Tax	
24	25	29 30	P	Personal Property Tax 10. Name and Address of New Registered Agen	
	9. Name and Address of	Jurrent Registered Agent	81 Name	10. Name and Address of New Registered Agen	
` AMF	RILAWYER		Spi	egel & Utrera, P.A.	
343 ALMERIA AVENUE			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83 343	Almeria Avenue	
0010	AL GABLES I E GOTO				
			84 City	Coral Gables FIZ 85	Zip Code
		A A A A A A A A A A A A A A A A A A A		, , , , , , , , , , , , , , , , , , ,	33134
11, Pursuant	to the provisions of Sections of egistered agent, or both in the	8tale of Florida Such change was auti	tne above-named corporati	poration submits this statement for the purpose of chan on's board of directors. I hereby accept the appointmen	nt as registered
agent. I a	m familia pti egeter ki	Algelier of Section 617.0505, Florida	a Statutes.	4/179/97	' i
SIGNATURE	By: / ///			1/6//	
	Signature typNart 1 14	rs and directors	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	DECTORS IN 12
12.	PSTD	DELETE	13. 1.1 Title		Change Addition
NAME		El detere	1 2 NAME		
	GRANADO, MOISES 6307 NE 2 AVE		13 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33158		14 City-ST-ZiP		
CITY-ST-ZIP TITLE	MINMI FL 33130	[] DELETE	2 1 TILE	rio r	Change [] Addition
NAME		2.7	22 NAME	-	-
			23 STREET ADDRESS	0000028685 0095/07/99011	40;;;2
STREET ADDRESS			2 4 CiTY+ST+ZiF		.55==010
CITY-ST-ZIP TITLE		☐ DELETE	3 1 TITLE	****150 .00	i 漸漸漸15日 - 15日 -
NAME			3 2 NAME		· -
STREET ADDRESS			33 STREET ADDRESS		
			3.4 City-St-ZiP		
CITY-ST-ZIP		[] DELETE	4176LF	. <u>[1</u>	Criange [Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			44 CiTY-ST-ZiP		
TITLE		[] DELETE	51 TITLE		Change [] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITUE		☐ DELETE	6 1 THILE		Change (A) Addition
NAME		_ 522.4	6.2 NAME		AP NAME
		•	6.3 STREET ADDRESS		(3)
STREET ADDRESS		1			u

14. 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 agricular 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 coporation or the decipier or trusted 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.