

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90014 038 ***150.00

DOCUMENT # P98000040894

1. Corporation Name

501 SW DOUGLAS ROAD, INC.

Principal Place of Business

**2462 CORAL WAY
MIAMI FL 33145**

Mailing Address

**2462 CORAL WAY
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

65-0838249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 501 SW DOUGLAS RD

26 501 SW DOUGLAS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI FL

Zip

24 33135

Country

City & State

28 MIAMI FL

Zip

29 33135

Country

9. Name and Address of Current Registered Agent

**BLUM, SAMUEL S
2666 TIGERTAIL AVE., SUITE 106
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name

JOHN C. ROETTGER

82 Street Address (P.O. Box Number is Not Acceptable)

501 SW DOUGLAS RD

83

84 City

MIAMI

FL

85 Zip Code

33135

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-99

12. OFFICERS AND DIRECTORS

TITLE

D ☐ DELETE

NAME

JUNCADELLA, F. JAVIER

STREET ADDRESS

535 SANTANDER AVE.

CITY-ST-ZIP

CORAL GABLES FL 33134

TITLE

D ☐ DELETE

NAME

ROETTGER, JOHN C

STREET ADDRESS

516 HARDEE RD.

CITY-ST-ZIP

CORAL GABLES FL 33146

TITLE

D ☐ DELETE

NAME

GROSS, GORDON G

STREET ADDRESS

498 NE 8TH ST.

CITY-ST-ZIP

BOCA RATON FL 33431

TITLE

D ☐ DELETE

NAME

POETZINGER, ROBERT L

STREET ADDRESS

5782 NW 48TH DR.

CITY-ST-ZIP

CORAL SPRINGS FL 33067

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 305 448 1118

CR2E034 (11/98)