**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000042826

1. Corporation Name

REAL ESTATE INVESTMENT & MANAGEMENT SYSTEMS, INC

Principal Place of Business

Mailing Address

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90095 034 \*\*\*150.00



r illicipal r lace	Oi Duainesa	maining , address						
13615 S. DIXIE H Miami FL 33176-7				•	DO NOT WRITE IN THIS	SPACE		
					3. Date incorporated or Qualifed 05/12/1998	OI AGE		
Principal Place of Business     2a. Mailing Address					4, FEI Number	Ap	plied For	
21 4601					65-0840243	No	t Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
27					5. Controlled of Guilde Beening	Fee Re		
City & State City & State City & State City & State					Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to		
Zip 24 33/6	33/66 25 USA 29 30				This corporation owes the current year Interpretation     Personal Property Tax.	MY6s	No	
	9. Name and Address of Current R	legistered Agent		T	10. Name and Address of New Registered	Agent		
01115	011 111 115		81	Name				
GUARCH, J.M. JR 710 S. DIXIE HWY. ARAB CORREA & GUARCH, P.A.				Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
CORA	L GABLES FL 33146		84	City	FL	85 Zip (	Code	
office or red	the provisions of Sections 607.0502 a gistered agent, or both, in the State of familiar with, and accept the obligation	Florida, Such change was auti	norizea by	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its intment as re	registered gistered	
SIGNATURE	Ignature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	Registered Agei	nt signature requ	uired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D DELETE 1.1		1.1 TITLE	İ		Change	☐ Addition	
	NÉVAREZ, RICARDO A		1.2 NAME		•			
STREET ADDRESS	10010 0. 0000 111111			TADDRESS			i	
CITY-ST-ZIP	MIAMI FL 33176-7252		1.4 CITY-S	T-ZIP			A delista	
TITLE		☐ DELETÉ	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS			ĺ	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			T a dalida-	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME				Į.	
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-3	ST- ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4.2 NAME			•		
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			☐ Addition	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			F-1 & 2 2/21 .	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY- S	T-ZIP				

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: