

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000043755

1. Corporation Name

1802 ASSOCIATES G.P., INC.

Principal Place of Business 404 WASHINGTON AVENUE, SUITE 400 MIAMI BEACH FL 33139	Mailing Address 404 WASHINGTON AVENUE, SUITE 400 MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 404 WASHINGTON AVE Suite, Apt. #, etc. 120 City & State MIAMI BEACH, FL Zip 33139 Country DADE		2a. Mailing Address 26 404 WASHINGTON AVE. Suite, Apt. #, etc. 120 City & State MIAMI BEACH, FL Zip 33139 Country DADE		3. Date Incorporated or Qualified 05/14/1998	4. FEI Number 65-0844793	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent THOMSON, PARKER D ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name BRIAN A. HART 82 THOMSON, MURARO, RAZOOK & HART, P.A. 83 Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE 84 City MIAMI FL 85 Zip 33131	
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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 *Brian A. Hart* **BRIAN A. HART** 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	PDVP
STREET ADDRESS		1.3 STREET ADDRESS	NEE, MARGARET
CITY-ST-ZIP		1.4 CITY-ST-ZIP	404 WASHINGTON AVE., SUITE 120 MIAMI BEACH, FL 33139
TITLE	☐ DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	SATHY COLONNESE
STREET ADDRESS		3.3 STREET ADDRESS	404 WASHINGTON AVE., SUITE 120
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sathy Colonne* **SATHY COLONNESE** 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)