

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90024 016 ***550.00

DOCUMENT # P98000066800

1. Corporation Name
EL RANCHO ASSOCIATES, INC.



Principal Place of Business
4675 PONCE DE LEON BLVD., STE. 301
CORAL GABLES FL 33146

Mailing Address
4675 PONCE DE LEON BLVD., STE. 301
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

2. Principal Place of Business

21 2323 Bryan St.

Suite, Apt. #, etc.

22 Suite 2200

City & State

23 Dallas, TX

Zip

24 75201

Country

25 USA

2a. Mailing Address

26 2323 Bryan St.

Suite, Apt. #, etc.

27 Suite 2200

City & State

28 Dallas, TX

Zip

29 75201

Country

30 USA

4. FEI Number

65-0857377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAKER, RONALD G
4675 PONCE DE LEON BLVD., STE. 301
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BAKER, RONALD G
STREET ADDRESS 4675 PONCE DE LEON BLVD., STE. 301
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D+P ☐ Change ☒ Addition
1.2 NAME Richard E. Wallach
1.3 STREET ADDRESS 2323 Bryan St, Suite 2200
1.4 CITY-ST-ZIP Dallas, TX 75201

2.1 TITLE D+T+V ☐ Change ☒ Addition
2.2 NAME Farid Chehab
2.3 STREET ADDRESS Cond. Victoria Plaza, Apt. 14B
2.4 CITY-ST-ZIP #10 Candina St. 00907
San Juan, P.R.

3.1 TITLE D+V ☐ Change ☒ Addition
3.2 NAME Angel Rosado
3.3 STREET ADDRESS #19 Sub Base
3.4 CITY-ST-ZIP St. Thomas, VI 00802

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

214/969-4909

CR2E034 (11/98)

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