

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 24, 1999 8:00 am  
Secretary of State

02-24-1999 90197 046 \*\*\*150.00

DOCUMENT # P98000074988

1. Corporation Name

EVANS/7TH AVENUE CORP.



Principal Place of Business

ONE SE 3RD AVE., SUITE 2400  
MIAMI FL 33131

Mailing Address

ONE SE 3RD AVE., SUITE 2400  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1998

4. FEI Number

65-0862394

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

2. Principal Place of Business

21 9696 NW 27th Ave

2a. Mailing Address

26 5005 Stillwater Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FLA

City & State

28 Ft Lauderdale, FLA

Zip

24 33150

Country

Zip

29 33330

Country

30

9. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.  
ONE SE 3RD AVE., SUITE 2400  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name JAMES D. EVANS

82 Street Address (P.O. Box Number is Not Acceptable)  
6520 SW 134th Drive

83

84 City MIAMI

FL

85

Zip Code 33156

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 *James D. Evans* JAMES D. EVANS

1-18-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME EVANS, JAMES D  
STREET ADDRESS 6520 SW 134TH DR., DEVONWOOD  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME S AMARO, NICHOLAS  
2.3 STREET ADDRESS 5005 STILLWATER TERR  
2.4 CITY-ST-ZIP FT LAUDERDALE, FLA 33330

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

305-666-9264

Daytime Phone #

CR2E034 (11/98)