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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000082786

CORAL GABLES 2001, INC.

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90042 010 ***150.00



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Principal Place of Business C/O SPENCER AND KLEIN. P.A. 801 BRICKELL AVENUE, SUITE 1901			Mailing Address C/O SPENCER AND KLEIN. P.A. 801 BRICKELL AVENUE. SUITE 1901							
MIAMI FL 33131			MIAMI FL 33131				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 09/22/1998	_		
2. Principal Pl	ace of Business	2a.	Mailing Address			_ 	4. FEI Number X	Appl	ied For	
_ '	South Bayshore Dr	26						Not /	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.	7.5.Ad	ditional	
Suite 1000			27				5. Certificate of Status Desired	e Requ	uired	
City & State			City & State				6. Election Campaign Financing 55.00 May Be			
Miami, Florida			28				Trust Fund Contribution Added to Fees			
Zip	Country	1	Zip	Cour	ntry	_	8. This corporation owes the current year Intangible			
33133	25 USA	29	[;	30			Personal Property Tax.	12	No	
	9. Name and Address of Current						10. Name and Address of New Registered Agent			
					81	Name				
SPE	NCER, THOMAS R JR.				82	O14 A	(D.O. Day Number in Not Appartable)			
801 BRICKELL AVENUE						Street A	ddress (P.O. Box Number is Not Acceptable)			
SUITE 1901				Ì	83					
MIAMI FL 33131							<u> </u>			
					84	City	FL 85	Zip Co	ode	
11 Pursuant	to the provisions of Sections 607.0502	and 6	07.1508. Florida Statute	s, the at	ove	-named o	progration submits this statement for the purpose of changing	g its re	gistered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florid	da. Such change was au	thorized	by t	tne corpo	ation's board of directors. I hereby accept the appointment	as regi:	stered	
SIGNATURE							<u> </u>			
	Signature, typed or printed name of registered agent		_ 	_ <u>-</u> -	Agent	t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOB	C IN 12	
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE		X Addition	
TITLE	D		X DELETE	1.1 TIT			P/D ====================================	···go	ZZJ / IOUILION	
NAME	SPENCER, THOMAS R			1.2 NA			Willy A. Bermello 2601 South Bayshore Drive			
STREET ADDRESS	801 BRICKELL AVENUE, SUITE	1901		1.3 ST	REET	ADDRESS	Suite 1000			
CITY-ST-ZIP	MIAMI FL 33131			1.4 CIT	Y-ST	-ZIP	Suite 1000 Miami, Florida 33133		X Addition	
TITLE			☐ DELETE	2.1 TIT	LE	1	VP/S/D □Cha	nge	₹ Anguion	
NAME				2.2 NA	ME		Luis Ajamil 2601—South Bauchoro-Brivos		<u> </u>	
STREET ADDRESS				2.3 ST	REET	ADDRESS	2601-South-Bayshore-Drive Suite 1000			
CITY-ST-ZIP				2. 4 CI	TY-S	T-ZIP	Miami, Florida 33133			
TITLE			☐ DELETE	3.1 TIT	LE		Cha	inge .	Addition Addition	
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TII		_	Cha	inge	Addition	
NAME			_	4. 2 NA						
						ADDRESS				
STREET ADDRESS				4.3 ST			•			
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TIT	_	- 415	☐ Cha	inge	Addition	
				5.2 NA				-	-	
NAME						ADDRESS				
STREET ADDRESS				•						
CITY-ST-ZIP				5.4 CIT		1-ZIP	☐ Cha	nne	Addition	
TITLE			☐ DELETE	6.1 TIT				แล้		
NAME				6.2 NA		}				
STREET ADDRESS				6.3 ST	REET	ADDRESS				

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.

6.4 CITY-ST-ZIP

305-859-2050