

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90021 042 \*\*\*150.00

<b>PROFIT-CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000087196**

1. Corporation Name

**VIRGIN INTERNATIONAL PROPERTIES, INC.**

Principal Place of Business

2999 N.E. 191ST STREET #900  
AVENTURA FL 33180

Mailing Address

2999 N.E. 191ST STREET #900  
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable
5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

9. Name and Address of Current Registered Agent

**SCHIFFMAN, ADAM R**  
**2999 N.E. 191ST STREET #900**  
**AVENTURA FL 33180**

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	Anton Holnburger	<input type="checkbox"/> DELETE
NAME	7000 Island Blvd. #1806	
STREET ADDRESS	Aventura, FL-33160	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anton Holnburger	
1.3 STREET ADDRESS	7000 Island Blvd, #1806	
1.4 CITY-ST-ZIP	Aventura, Florida 33160	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 WORKING OFFICER OR DIRECTOR

06/12/99

305-932-2739

Daytime Phone #

CR2E034 (11/98)

P98000087196  
607188-9003

**ADAM R. SCHIFFMAN, P.A.**

ATTORNEYS AT LAW  
CONCORDE CENTRE II • SUITE 900  
2999 NORTHEAST 191 STREET  
AVENTURA, FLORIDA 33180  
DADE (305) 682-1328  
FAX (305) 682-0063

**ADAM R. SCHIFFMAN**

August 9, 1999

Secretary of State  
Division of Corporations  
Annual Reports Section  
409 East Gaines Street  
Tallahassee, Florida 32301

RE: Virgin International Properties, Inc.

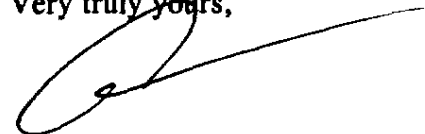
Dear Sir or Madam:

I am in receipt of a letter from your office, dated July 28, 1999, regarding the 1999 Annual Report for the above-referenced corporation, a copy of which is enclosed herewith. With respect to the fee, I was advised by your office that we should send only \$150.00 as we did not receive several of our clients' original annual reports in the mail this year. Your office advised me that \$150.00 would be sufficient.

With respect to Block 13, I have made the necessary change on the form you returned and have enclosed same.

If you have any further questions, please do not hesitate to contact me.

Very truly yours,



**ADAM R. SCHIFFMAN**

ARS:sk  
encls.