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

DOCUMENT # P98000088951

1. Corporation Name

GREATER REALTY GROUP INC.

Principal Place of Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90190 006 ***150.00



| 11762 N. KENDALL DRIVE SUITE #160 11762 N. KENDALL DRIVE SUITE #160 MIAMI FL 33186 MIAMI FL 33186 | | | | | | ļ | | | | |
|--|--|------------------------------------|--------------------|----------------|--|---------------------|---------------------|--------------|-------------|--|
| MIAMI FL 33100 | • | MIAMI FL 33100 | | | | 1 | DO NOT WE | RITE IN THIS | SPACE | |
| | | | | | | | rporated or Qualife | d | | |
| | | | | | | 10/19/1 | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Numb | er | | Appl | ied For |
| 21 75 | | | | | ill Dr. | 65-08 | <u> 885059</u> | | | Applicable |
| Suite, Apt. | | Suite, Apt, #, etc. | | | 5. Certifcate | of Status Desired | o o | \$8.75 Ad | , | |
| | <u> </u> | 27 #160 | | | 0 , 00, 00, 00, 00, 00, 00, 00, 00, 00, | | | Fee Requ | | |
| City & State | e | City & State Miami, F1. | | | | ampaign Financing | 3 _□ | \$5.00 M | | |
| 23 M i | ami, Fl. | | | | | d Contribution | | Added to | rees | |
| Zip | Country | Zip Country 29 33186 30 USA | | | | oration owes the cu | ırrent year inta | | M No | |
| 24 33 | 144 25 USA | 29 33186 30 | ı U | SA | <u> </u> | | Property Tax. | Pagistered / | | ************************************** |
| | 9. Name and Address of Current i | Name | IV. Name and | Addiese of New | registered / | ·Berre | | | | |
| COCA, USSETTE | | | | | | | | | | |
| 11762 N. KENDALL DRIVE SUITE #160 | | | | | Street Addres | ss (P.O. Box Nu | ımber is Not Accep | otable) | | |
|) | | | | | | | | | | |
| 1772 4 | | | | 83 | | | | | | _ |
| ** | | | | 84 | City | | | FL | 85 Zip Co | ode |
| to be a like a Course COT OFFI and COT 4509. Elevide Statutes the above gamed conception 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. | | | | | | | | | | |
| | The same and a scent in congress | | | | | | Apr | 1.6 | 199 | 9 |
| SIGNATURE | Signature, typed of printed name of registered agent a | nd title if applicable. (NOTE: Reg | gistered / | Agent | t signature required v | when reinstating) | | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS | S/CHANGES TO C | FFICERS AN | | |
| TITLE | D | ☐ DELETE | 1.1 TITU | LE | l v | & D | | | ☐ Change | ☐ Addition |
| NAME | COCA, LISSETTE | | 1.2 NAM | ME | cc | CA, LIS | SSETTE | | | |
| STREET ADDRESS | 11762 N. KENDALL DRIVE SUIT | E #160 | 1.3 STF | REET. | | • | KENDALL | DRIVE | SUITE | #160 |
| CITY-ST-ZIP | MIAMI FL 33186 | | 1,4 CIT | | I | | 1. 33186 | | | |
| TITLE | D DELETE 2.1 T | | | LE | | & D | | | Change | Addition |
| NAME | AGUILAR, LUIS L | | | ME | AC | GUILAR, | LHIS L | | | |
| STREET ADDRESS | | | | | ADDRESS 11 | | KENDALL | DRIVE | #160 | |
| CITY-ST-ZIP | | | | | T-7IP - [| AMI, FI | | DICE VII. | | |
| TITLE | ☐ DELETE 3.11 | | | | 111 | .AMI, FI | 1 33100 | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NA | | ļ | | | | | Į |
| STREET ADDRESS | | | 3.3 STF | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CIT | | r-zip | | | | Change | ☐ Addition |
| TITLE | • | ☐ DELETE | 4.1 TITI | | | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NA | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CIT | | ZIP | | | | Change | Addition |
| TITLE | | ☐ DÉLETE | 5.1 TITI 5.2 NA | | | | | | □ citaii9e | T Vocation |
| NAME | | | | | ADDRESS | | | | | |
| STREET ADDRESS | | | 5.4 CIT | | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITI | | -217 | | | | ☐ Change | ☐ Addition |
| TITLE | | | 9.1 1111 | | | | | | | |

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 man attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP