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 # P98000097209

1. Corporation Name

SANTA MARIA PROPERTIES, INC.

Principal Place of Business	Principal	Place of	f Business
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ONE S.E. THIRD AVENUE

Mailing Address

ONE S.E. THIRD AVENUE

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90065 047 ***150.00



MIAMI FL 33131	IAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN THIS SPACE				
				, the state of the		Date Incorporated or Qualifed				
	•	·			ļ	11/18/1998				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21 2600	SW 3rd. Avenue	26 2600 SW 3rd.	Aven	ue		65-0898774		. N	ot Applicable	
Suite, Apt. :	#, 'etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	JD.		Additional equired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23 Miami		28 Miami, Florid	la			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Country	/		8. This corporation owes the curr	ent vear Int	angible		
33129	USA	29 33129 30	USA			Personal Property Tax.	•	🖺 Yes	No	
 1	9. Name and Address of Current		- -		1	0. Name and Address of New F	Registered	Agent		
			81	Name						
· AMKO	GS REGISTERED AGENTS, INC.		100	82 Street Address (P.O. Box Number is Not Acceptable)						
1980	SUNTRUST INTERNATIONAL CEN	NTER	82	Street	t Address	(P.O. Box Number is Not Accepte	able)		ł	
ONE	S.E. THIRD AVE.	,	83	1						
MIAM	II FL 33131							·		
	,		84	'			<u> </u>		Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	d corporati	ion submits this statement for the	purpose of	changing its	s registered	
office or re agent. I ar	egistered agent, or both, in the State of named agent, or both, in the State of a familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statute:	ган е сопр 8.	μυταιιυπ 8	positi di dilectors. I libreby accep	or are abbon		-g.5.0.00	
SIGNATURE										
Old Williams	Signature, typed or printed name of registered agent a			nt signature	e required whe		DATE			
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OF	FICERS AN		DRS IN 12 ☐ Addition	
TITLE .	D .	DELETE	1.1 TILE		10,01	p's Rosenfeld		Change	ן ווטגווטטא בו	
NAME	ESCAGEDO, ANA MARIA	•	1.2 NAME		W.2,	all contours			{	
STREET ADDRESS	ONE S.E. THIRD AVENUE SUITE	1980	1.3 STREE	TADDRESS	s				j	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-5	ST-ZIP				<u> </u>		
TITLE		☐ DELETE	2.1 TITLE		D' b			(1) Change	. Addition	
NAME			2.2 NAME		Beu	e Gros				
STREET ADDRESS			2.3 STREE	T ADDRESS	s				ì	
CITY-ST-ZIP		<u> </u>	2.4 CITY-	ST-ZIP			*,			
TITLE		☐ DELETE	3.1 TITLE		1			Change	Addition	
NAME	·		3.2 NAME]					
STREET ADDRESS			3.3 STREE	T ADDRESS	s				l	
CITY-ST-ZIP	•		3.4. CITY-	ST-ZIP_	<u> </u>					
TITLE		☐ DELETE	4.1 TITLE		1		_	Change	☐ Addition	
NAME .			4. 2 NAME		1				ĺ	
STREET ADDRESS			4.3 STREE	T ADDRESS	s			•	ļ	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	1.					
TITLE		☐ DELETE	5.1 TITLE		\top			☐ Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS	s					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	1					
TITLE		☐ DELETE	6.1 TITLE		 	*		☐ Change	Addition	
NAME			6.2 NAME						ĺ	
STREET ADDRESS		į	6.3 STREE	TADORESS	s				ļ	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	1	•			ļ	
GIT-OL-ZIP						A				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual report is true and accurate and that my signature shall officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 19.07(3)(i), Florida Statutes. I further certify that the informating the same legal effect as if made under oath; that I am an Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Migue 15 Rosenfeld FVice President FO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR