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



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PROFIT CORPORATION ANNUAL REPO 1999	(5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		FLORIDA DEPARTMENT (Katherine Harri Secretary of State DIVISION OF CORPORA			·	Mar 09, Secreta	Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90150 009 ***150.00		
DOCUMENT 1. Corporation Name CALOR D	# P980000 DEVELOPMENT, 1	098257 (K INC.					•			
Principal Place of Business		Mailing Addre					ı			
701 Brickell A Suite 3000 Miami, Florida	701 Brickell Av Suite 3000 Miami, Florida			•		DO NOT WRIT	E IN THIS SPAC	E		
, - · · · · · · · · · · · · · · · · · ·			,			-	11/23/1998			
2. Principal Place of Busine	258	2a. Mailing Ad	Idress				4. FEI Number 65-0889232		Applied For Not Applica	
Suite, Apt. #, etc.		Suite, Apt.	. #, etc.				5. Certifcate of Status Desired	1 1	75 Additional	a†
City & State		27 City & Sta	te		-		Election Campaign Financing Trust Fund Contribution	\$5	ee Required .00 May Be	-:-
Zip	Country 25	Zip 29	30	Country			8. This corporation owes the curre Personal Property Tax.		V-	
9. Name	and Address of Current	t Registered Ager	nt				10. Name and Address of New R	egistered Agent		
INTRASTATE F 701 BRICKELI SUITE 3000 MIAMI, FLORI		ENT CORPOR	ATION	81 82 83	Street .	Address	(P.O. Box Number is Not Acceptate	FL 85	Zip Code	
office or registered age	ons of Sections 607.0502 nt, or both, in the State on, and accept the obligat	of Florida. Such ch	ange was auth 7.0505, Florida	orized by a Statutes	the corpo	oration's	tion submits this statement for the p board of directors. I hereby accept	ourpose of changi the appointment	ng its registere as registered	ed
Signature, typed o	or printed name of registered agent		(NOTE: Re	gistered Agen	t signature r	equired wh	en reinstating) ADDITIONS/CHANGES TO OFF	DATE	CTORS IN 13	
TITLE	OT TOLKS AN		DELETE	1.1 TITLE		DPS		Ch		
NAME STREET ADDRESS			!	1.2 NAME 1.3 STREET	ADDRESS	RONA	ALD ALBERT, JR. BRICKELL AVENUE; S	SHTTE 3000)	
CITY-ST-ZIP				1.4 CITY- \$1	-ZIP		MI FLORIDA 33131			
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STREET ADDRESS				2.3 STREET	i			t		
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NAME				3.2 NAME						
STREET ADDRESS			1	3.3 STREET	ADDRESS					
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NAME *				52 NAME			•			
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NAME				6.2 NAME	ł				-	

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305-785-7762 Daytime Phone #