PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000101150

KAIRO BAYFRONT, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90010 033 ***150.00



·		_						
Principal Place of Business	Mailing Address							
501 BRICKELL KEY DRIVE. SUITE 805 601 BRICKELL KEY DRIVE. SI MIAMI FL 33131 MIAMI FL 33131		Suite 805	IITE 805		DO NOT WR!	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 12/04/1998			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		A	Applied For
21	26				65-0898538			lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		!	5. Certifcate of Status Desired			Additional Required
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip Countr	y Zip	Coun	itry		8. This corporation owes the curr	ent year In	ıtangible	_
24 25	29	30			Personal Property Tax.		Yes	□No
	ss of Current Registered Agent			1	0. Name and Address of New F	Registered	Agent	
		Į.	81 Name	e				
ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805			82 Stree	et Address	ss (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131			83					
		<u> </u>	84 City				85 Zip	Code
						FL		
office or registered agent, or both	tions 607.0502 and 607.1508, Florida Statu , in the State of Florida. Such change was a ept the obligations of, Section 607.0505, Flo	authonzed	by the cor	rporation's	board of directors. I hereby accep	purpose o pt the appo	intment as r	registered
SIGNATURE	<u> </u>	=				DATE		
	of registered agent and title if applicable. (NOT) FFICERS AND DIRECTORS	E: Registered /	Agent signatur	re required whe	ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
10 c h	DELETE	1.1 TITL		т—	ADDITIONS/OFFARIOES TO OF	TIOLING A	☐ Change	
VA. A. 61 -	DASHAR	1.2 NAM				c .		_
NAME FAMILY DEST	L KEY DE. SUITE 805		MEET ADORES	90				
				~				
TITLE Special Secri	+x/y DELETE	2.1 TITL	Y-ST-ZJP F	+-			Change	e Addition
<u> </u>	Allen To	2.2 NA						
NAME Kobert N.	11 Key Dr., Suite 805		REET ADDRES	22				
STREET ADDRESS (00) Bricke	71 72 27, 3612 80-		Y-ST-ZIP	~				
TITLE MILANI 7	<u> 33131</u> □ DELETE	3.1 TITE		_			Change	a Addition
NAME		3.2 NA						
			 REET ADDRES	ss				
STREET ADDRESS			Y-ST-ZIP	~				
CITY-ST-ZIP TITLE	☐ DELETE	4.1 TITI					Change	e
NAME		4. 2 NA	ME					
STREET ADORESS			REET ADDRES	ss				
			Y-ST-ZIP	~				
CITY-ST-ZIP TITLE	☐ DELETE	5.1 TIT		+			Change	e Addition
NAME		5.2 NA					•	
STREET ADDRESS			REET ADDRES	ss				
			Y-ST-ZIP					
CITY-ST-ZIP TITLE	☐ DELETE	6.1 TITI		+			Change	e
	,	6.2 NA	ME				_ •	
NAME STORET ADODESS			REET ADDRES	ss				
STREET ADDRESS	I	3.5011		~				

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.

REGUIRED SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR