## **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

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90297 008 \*\*\*300.00

DOCUMENT#	P98000103599
DOCCIVILIA "	<b>F80000 100033</b>

Corporation Name

SOUTH	FI ORIDA	<b>ALLIANCE</b>	REALTY.	INC.
000111	LOIBOA		116.74.11)	1110

Principal Place of Business

Mailing Address

18441 NW 2 AVE., STE. 224 MIAMI FL 33169

18441 NW 2 AVE., STE. 224

MIAMI FL 33169



DO NO	T WRITE	IN THIS	SPACE

3. Date Incorporated or Qualifed

		12/11/1998		
Principal Place of Business     2a. Mailing Address	2a. Mailing Address		→ App	lied For
21 26		59-3546216	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
27		5. Certifcate of Status Desired	Fee Rec	juired
City & State City & State		6. Election Campaign Financing	\$5.00 +	vlay Be
23 28		Trust Fund Contribution	Added to	Fees
	Country	8. This corporation owes the current year In	tangible	
24 25 29 30		Personal Property Tax.	☑ Yes	□No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent	
	81 Name			
Steward, Cora	82 Street Address (P.O. Box Number is Not Acceptable)			
18441 NW 2 AVE., STE. 224	82 Street Addre	ess (F.O. Box Number is Not Acceptable)		
MIAMI FL 33169	83			
	84 City	FI	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	ahove-named corno		f changing its r	eaistered
office or registered agent, or both, in the State of Florida, Such change was authorize	zed by the corporatio	on's board of directors. I hereby accept the appo	intment as reg	istered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St	tatutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered)	ered Agent signature required	d when reinstating) OATE		
12 OFFICERS AND DIRECTORS 1	3.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
	1 TITLE	7.557.107.07.0	☐ Change	Addition
Cora sewara	2 NAME			
NAME 1844 NW 2 Ave	Į.			
STREET ADDRESS 17994 13	3 STREET ADDRESS			
CITY-ST-ZIP WIGAM. 17 35707 (7656647)	4 CITY-ST-ZIP		Change	Addition
	1 TITLE		ondingo	
	2 NAME			
STREET ADDRESS 23	3 STREET ADDRESS			
VII. 01 2	4 CITY-ST-ZIP		Channe	- Addition
TITLE DELETE 3.1	1 TITLE		Change	☐ Addition
NAME 32	2 NAME			
STREET ADDRESS 3.3	3 STREET ADDRESS			
CITY-ST-ZIP 3.4	4. CITY-ST-ZIP			
TITLE DELETE 4.1	1 TITLE		☐ Change	☐ Addition
NAME 4.:	2 NAME			
STREET ADDRESS 4.3	3 STREET ADDRESS			
CITY-ST-ZIP 44	4 CITY+ST-ZIP			
	1 TITLE		☐ Change	Addition
NAME 52	2 NAME			
	3 STREET ADDRESS			
	4 CITY-ST-ZIP			
CITT-ST-ZIF	.1 TITLE		Change	Addition
TITLE DELETE 6.1			-	
SILE SECTION S	2 NAME			
NAME 61				
NAME 64 STREET ADDRESS 6.5	2 NAME 3 STREET ADDRESS 4 CITY- ST- ZIP			

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(5)(f), Frontal Statutes. Further certify that the 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 appears, with all other like empowered.

SIGNATURE:

= :::

 $\equiv \tilde{g}_{ij}$ 

 $\equiv :=$