

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

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90016 027 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

2000

DOCUMENT # **P99000047582**  
1. Corporation Name  
**DREAM PROPERTIES INTERNATIONAL, INC.**

**C0047824**

Principal Place of Business Mailing Address **SAME**  
**6931 NW 32 AVE**  
**FT. LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **5/28/99**  
4. FEI Number **65-0922799**  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**6931 NW 32 Ave** **6931 NW 32 Ave**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
23. City & State 27. City & State  
**FT. LAUD, FL** **Ft Land FL 33309**  
24. Zip 25. Country 29. Zip 30. Country  
**33309** **Broward** **33309** **Broward**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**Timothy Metacarpa**  
**6931 NW 32 Ave**  
**Ft Lauderdale, FL 33309**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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.

SIGNATURE **Timothy Metacarpa**  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **3-17-00**

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **D/P Timothy Metacarpa**  
STREET ADDRESS **6931 NW 32 Ave**  
CITY-ST-ZIP **Ft Land FL 33309**  
TITLE ☐ DELETE  
NAME **D/S Patricia Metacarpa**  
STREET ADDRESS **6931 NW 32 Ave**  
CITY-ST-ZIP **Ft Land FL 33309**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE: **Timothy Metacarpa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/00**

Date

**(954) 970-4285**  
Daytime Phone #

CR2E034 (10/97)