FILED

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PROFIT CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # \$47992

1. Corporation Name

LINCOLN PROPERTY II, INC.

Principal Place	of Business	Mailing Address					
PO BOX 558709		PO BOX 558703					
MIAMI FL 33255		MIAMI FL 39255			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed	3 Of ACL	
					04/25/1991		
9 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	I Anni	lied For
——————————————————————————————————————	ace of bosiness	26			65-0238091	hand and the	Applicable
Suite, Apt. i	H etc	Suite, Apt. #, etc.			05.05.300.31	\$8.75 Ad	
<b></b> ,		<del></del> -1	27		5. Certificate of Status Desired	Fee Req	
City & State		City & State			6. Election Campaign Financing	\$5.00 M	
23		<b>}</b> — · ₁	28		Trust Fund Contribution	Added to	
Zip Country			Zip Country		This corporation owes the current year I		
24 6	25	29	[30]	•	Personal Property Tax.		.]No
24 1	9. Name and Address of Cur		1301		10. Name and Address of New Registere		
	5. Hamo and Made of the Co.		8	1 Name			
یا AMEI	RILAWYER CHARTERED			5	Spiegel & Utrera, P.A.		
343 /	ALMERIA AVENUE		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134	,	8	3	343 Almeria Avenue		
		/	ľ	1			
		. /	8	4 City	01 0-11 E	85 Zip Co	ode
				1	Coral Gables		53134
11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the St	usuz angou7, 1508, Florida S ate of Florida Such change w	itatutes, the abb vas authorized b	ve-riamed col y the corporal	rporation submits this statement for the purpose tion's board of directors. I hereby accept thy app	ointment as regi	istered
agent. I ar	n familis bit apped epighe by	CHENT THY POZ 0505	i, Florida Statute	is	11/26/6	<u>_</u>	
SIGNATURE			!		4/27/7	7	
		riera Vice-P		signature requi	med when re-instanting) DATE	I	
12.		AND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	S COURSE OFFICE				•	[ ] Griange	C Nadition
NAME	FIGUERO, CRISTOBAL &	^ I	1.2 NAME				
STREET ADDRESS	6307 NE 2ND AVENUE			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		14 CITY-		والمستور والمناق والمستور	The Republic	
TITLE	P	[] DELET	E 21 TITLE		800002868 -05/07/39-	_;	ーー[二] Adgue on 。 おごかご
NAME	GRANADO, MOISES		2 2 NAME		-105/U(/133* -105/U(/133*	191151110 1 - wassautff	സ്ത് സംബം
STREET ADDRESS	6307 NE 2ND AVENUE		23\$1RF	ET ADDRESS	****150.00	) ####15	0.00
CITY-ST-ZIP	MIAMI FL		2 4 CITY	-ST-ZIP			
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NAME			3 2 NAME	=			
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NAME			4 2 NAM	e l			
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CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		∐ DELET				[ ] Change	[] Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STRE	ET ADDRESS			
1			54 CITY-				
CITY-ST-ZIP		[] DELET				[[Change _	Addition
			6.2 NAME			الم	Ax Poc
NAME				ETADORESS		. 1	70cs.
STREET ADDRESS			035IRE	L. PLUMESS		•	JIV.

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