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

PROFIT CORPORATION ANNUAL REPORT

1999

TAGIDE PROPERTIES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90022 008 ***150.00

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Principal Plac	e of Business	Mailing Address		1 (40)(415 (4) 5(4) (15)) 5(5) 15(15 (4)) 5(5)	a.411 A1611 A141, B1611 1881
1395 BRICKELL AVE. 1395 BRICKELL AVI MIAMI FL 33131 MIAMI FL 33131		1395 BRICKELL AVE. Miami Fl 33131		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualifed	
				05/02/1991	(
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
4		26		65-0268643	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional
2		27		5. Certificate of Status Desired	- Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Inta	
4	25	29 3	0		Yes No
	9. Name and Address of Curren	t Registered Agent	94 1	10. Name and Address of New Registered A	gent
CTE	WART. ROBERT W PA		81 Name Re	BENT U. STEWART	P.A
	5 BRICKELL AVE		82 Street Addr	ess_(P.O. Box Number is Not Acceptable)	
	FLOOR		83	BRICKELL AVE MOI	006
	MI FL 33131		63		
IVIIA	WII FE 33 13 1		84 City	IAMI FL	85 Zip Code
		D 1007 1500 Florid Otal 100		oration submits this statement for the purpose of c	33131
SIGNATURE	In familiar with, and accept the obligation of the state	it and title if applicable. (NOTE: R	ROBERT L) 94
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE	OTENANT PORENTAL		1.1 TITLE		
NAME	STEWART, ROBERT W.		1.2 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	1 •		2.2 NAME		
NAME	GILBERT, JACKSON B		2.3 STREET ADDRESS	•	
STREET ADDRESS					
CITY-ST-ZIP TITLE	MIAMI FL VP	☐ DELETE	2.4 CITY-\$T-ZIP 1		☐ Change ☐ Addition
	BALESTRA, VICTOR C		3.2 NAME	• .	
NAME	**** DDIOVELL 418**		3.3 STREET ADDRESS		,
STREET ADDRESS	MIAMI FL		3.4. CITY-ST-ZIP		,
CITY-ST-ZIP TITLE	MAMITE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP]		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	Í		5.2 NAME		,
STREET ADDRESS	1		5.3 STREET ADDRESS	•	J
CITY-ST-ZIP	İ		5.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME]		62 NAME]
STREET ADDRESS			6.3 STREET ADDRESS		İ
	I				1

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.

SIGNATURE: \

ROBERT W. STEWART

1/20/99 305 358 7272