


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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S65321 (9) 1. Corporation Name LANDMARK PROPERTIES, INC.					
Principal Place of Business 1000 PONCE DE LEON 204 CORAL GABLES FL 33134 US			Mailing Address 360 GRECO AVE STE 208 CORAL GABLES FL 33146 US		
2. Principal Place of Business 21 360 Greco Ave. Suite, Apt. #, etc. 22 Ste. 208 City & State 23 Coral Gables, FL Zip 24 33146 Country 25 Dade		2a. Mailing Address 26 11827 S.W. 105 Ter. Suite, Apt. #, etc. 27 #4 City & State 28 Miami, FL Zip 29 33186 Country 30 Dade		3. Date Incorporated or Qualified 07/08/1991	
		4. FEI Number 65-0275320		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent NAVARRO, RAYMOND 360 GRECO AVE STE 208 #204 CORAL GABLES FL 33146			10. Name and Address of New Registered Agent 81 Name Raymond Navarro 82 Street Address (P.O. Box Number is Not Acceptable) 11827 S.W. 105 Ter. 83 84 City Miami FL 85 Zip Code 33186		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME NAVARRO, PILAR					
1.3 STREET ADDRESS 360 GRECO AVE STE 208					
1.4 CITY-ST-ZIP CORAL GABLES FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME NAVARRO, RAYMOND					
2.3 STREET ADDRESS 360 GRECO AVE STE 208					
2.4 CITY-ST-ZIP CORAL GABLES FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME Navarro, Pilar					
1.3 STREET ADDRESS 11827 S.W. 105 Ter.					
1.4 CITY-ST-ZIP miami, FL 33146					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME Navarro, Raymond					
2.3 STREET ADDRESS 11827 S.W. 105 Ter.					
2.4 CITY-ST-ZIP miami, FL 33146					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)