## 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

## DOCUMENT # **S65321**

1. Corporation Name

i Landma	ARK PROPERTIES, INC.						,
51 / 15/	f D. viana	Mailine Address			{		
Principal Plac		Mailing Address					
360 GRECO AVE 11827 SW 105 TERR STE 208							
CORAL GABLES FL 33146 MIAMI FL 33186					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					07/08/1991	·	
2. Principal P	Place of Business	2a. Mailing Address	ΛI :	15.500	4. FEI Number	<u> </u>	plied For
21			V - 10	05 Tex.	65-0275320		t Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 / Fee Re	
22		27					
City & Stat	te	City & State  28 MIAMI	<b>F</b>	<u>-1</u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	- 1
23	Country	28 ///(M)	Cour	trv			01663
Zip	·	-		ami - Dad	8. This corporation owes the current year Personal Property Tax.	Yes	Ω2No
24	25 g. Name and Address of Curre		<u>~  17 14</u>	<u> </u>	10. Name and Address of New Registers		
	g. Hame and Addition of Calle			81 Name			
NAVARRO, RAYMOND				OT Chromat Adda	ess (P.O. Box Number is Not Acceptable)		
11827 SW 105 TERR				82 Street Addr	ess (F.O. box number is Not Acceptable)		
<del>-#20</del> -	<del>4</del>		-	83			
MIAN	VII FL 33186		Ļ	04 67		DE 7:- 4	Code
				B4 City	F	L 85 Zip (	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the ab	ove-named corp	oration submits this statement for the purpose	of changing its	registered
l office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was aut	norizea	by the corporation	on's board of directors, I hereby accept the app	pointment as re	gistered
, ,							1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered /	gent signature require	The state of the s	·	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE			1.1 TM			Change	Addition
NAME	NAVARRO, PILAR		1.2 NA				
STREET ADDRESS	1.7		1.3 STF	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33146			Y-ST-ZIP		Change	Addition
TITLE	PD	DELETE 2.1 TO				Change	☐ Addition
NAME	TOTAL TO, TOTAL MOTO		2.2 NA		•		
STREET ADDRESS	I .		2.3 ST	REET ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33146			Y-ST-ZIP		[] (hansa	□ Addition
TITLE		☐ DELETE	3.1 TITI	.E.		Change	Addition )
NAME	1		3.2 NAJ	KE			
STREET ADDRESS	;		3.3 STF	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		F7 05	
TITLE		☐ DELETE	4.1 TIT			Change	☐ Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	EET ADORESS			
CITY-ST-ZIP			-	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TITT			Change	☐ Addition
NAME			5.2 NA				
STREET ADDRESS	G .			EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		ГЛ 05	
TITLE		☐ DELETE	6.1 TITI			Change	Addition
NAME	•		6.2 NA	Æ [			
1	!			REET ADDRESS			

14. I hereby certify that the information supplied with this filling 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 suppliemental angust report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the faceiver 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 adapting the same legal effect as if made under cath; that I am an officer or director of the corporation or the faceiver 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 adapting the same legal effect as if made under cath; that I am an officer or director of the corporation or the faceiver 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 a paragraph of the corporation of the corporation of the corporation of the faceiver or trustee empowered to execute this report as required by Chapter 607.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

May 04, 1999 8:00 am Secretary of State

05-04-1999 90079 014 \*\*\*150.00