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020931

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90043 044 ***150.00

DOCUMENT # **S72028**

1. Corporation Name

NELAN PROPERTIES, INC.

Principal Place of Business

**965 MARSEILLES DR. APT B
APT G
MIAMI BEACH FL 33141
US**

Mailing Address

**965 MARSEILLES DRIVE
APT G
MIAMI BEACH FL 33141
US**

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified

08/08/1991

4. FEI Number

65-0284926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☐ Yes

☐ No

2. Principal Place of Business

965 MARSEILLES DRIVE

Suite, Apt. #, etc.

APT. G

City & State

MIAMI BEACH, FLA

Zip

33141

Country

US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

30

9. Name and Address of Current Registered Agent

**TEJEIRO, NELSON AND ANA
965 MARSEILLES DR
APT G
MIAMI BEACH FL 33141**

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

Chad S. J...
Signature, typed or printed name of person, agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

03/15/99

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **TEJEIRO, ANA**
STREET ADDRESS **965 MARSEILLE DR APT G**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VTD** ☐ DELETE

NAME **TEJEIRO, NELSON**
STREET ADDRESS **965 MARSEILLE DR APT G**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

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 in an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)