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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$73508

(1)

EL CORTIJO DEVELOPMENT, INC.

FILED
May 07 1997 8:00am
Secretary of State



Principal Place of Business  C/O ALBERT D. OUENTEL  1221 BRICKELL AVENUE  MIAMI FL 33131  2. Principal Place of Business		Mailing Address  C/O ALBERT D. QUENTEL 1221 BRICKELL AVENUE MIAMI FL 33131-3224  2a. Mailing Address			3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1996 4. FEI Number Applied For				
21		26				65-0293007		-	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & Stat	<i>(</i> !	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	<b></b>			Trust Fund Contribution		Added	d to Fees
Z <sub>(f)</sub>	Country Zip 25 29 30		<del>├</del> ¬	Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
271	9. Name and Address of Curr		T			10. Name and Address of New Re-			
122	entel, Albert D. 1 Brickell Avenue MI FL 33131		8	31 32 33	Name Street Addi	ress (P.O. Box Number is Not Acceptab		85 Z <sub>1</sub>	p Code
office or i	to the provisions of Sections 607 05 registered agent, or both, in the Starm familiar with, and accept the oblinations typed or pentish pane of registered in	te of Florida Such change wa gations of, Section 607.0505,	as authorized Florida Statu	by tes.	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep ired when renstating)	urpose of the appo	changing changing changing	its registered is registered
12.	14-44-44-44-44-44-44-44-44-44-44-44-44-4	ND DIRECTORS	13.	- Carrier	i zigitature tedor	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TILE	PSTD	DELETE	1,1 TITU	E		7,5511.01.007.71.025.70.01.10		Change	
NAME STREET ADORESS ONY ST-ZIP	CARRILLO R., OSWALDO 1221 BRICKELL AVENUE MIAMI FL 33131		1.2 NAM 1.3 STRI 1.4 CITY	EET /	ADDRESS - ZIP		·····		
TITLE NAME STREET ADDRESS CITY+SE-ZIP		☐ DELETE	2.1 TUTU 2.2 NAM 2.3 STRI 2.4 CIT	AE Eet a	ADDRESS			Change	e L_J Addition
THLE NAME STREET ADDRESS		DELETE	3.1 TITL 3.2 NAN 3.3 STR	E ME EET A	ADDRESS			☐ Change	e Addition
TITLE NAME STREET ADDRESS		DELETE	3.4. CIT 4.1 THL 4. 2 NAJ 4.3 STR	.E ME	T-ZIP ADORESS			Change	e Addition
CITY - ST- ZIP  TITUE  NAME  STREET ADDRESS		☐ DELETE	4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	.E ME	- ZIP ADDRESS		···	Change	e Addition
CHY-SI-ZP TITLE NAME STREET ADDRESS		☐ DELETE	5.4 City 6.1 Titl 6.2 Nam	Y - <u>\$1</u> .E Me		77-78-84-44-	· · · · · · · · · · · · · · · · · · ·	Change	e Addition
City-St 2th			6.4 CiT		Į.	140 00 00 00 F			

4. I do 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 larr an officer or director of the corporation or the receiver or trustee amovement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the page or or an attachment to the information of the corporation of the corporation or the receiver or trustee appears in Block 12 or Block 13 if the page of the corporation of the corporation of the receiver of the receive

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Dayline Phone # 0002876