

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90294 037 \*\*\*158.75

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # S 74227**

1. Corporation Name

**THE PROPERTY COUNSELOR INC.**

Principal Place of Business

Mailing Address

299 Alhambra Cir  
 Suite 404  
 Coral Gables, FL. 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

August 19, 1991

4. FEI Number

65-0285994

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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

2a. Mailing Address

21 269 Giralda Ave.

26 269 Giralda Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 303

27 Suite 303

City & State

City & State

23 Coral Gables

28 Coral Gables

Zip Country

Zip Country

24 33134 USA

29 33134 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rene Dago  
 299 Alhambra Cir.  
 Suite 404  
 Coral Gables, Florida 33134

81 Name  
 Rene Dago, JR.

82 Street Address (P.O. Box Number is Not Acceptable)  
 269 Giralda Ave Suite 303

83

84 City  
 Coral Gables FL 85 Zip Code  
 33134

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 *Rene Dago*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D  DELETE  
 NAME Mundi Gilbert  
 STREET ADDRESS 5500 McDonald Ave  
 CITY-ST-ZIP Montreal Canada

1.1 TITLE V/S/D  Change  Addition  
 1.2 NAME RENE DAGO, JR.  
 1.3 STREET ADDRESS 2346 SW 17 TERRACE  
 1.4 CITY-ST-ZIP MIAMI, FL 33145

TITLE V/D  DELETE  
 NAME ADRIAN T. GILBERT  
 STREET ADDRESS 5900 CAVENDISH BLVD.  
 CITY-ST-ZIP MONTREAL CANADA

2.1 TITLE P/D  Change  Addition  
 2.2 NAME LUIS A. RAMUDO  
 2.3 STREET ADDRESS 13701 SW 103 AVENUE  
 2.4 CITY-ST-ZIP MIAMI, FL 33173

TITLE D  DELETE  
 NAME AUGUSTO MENENDEZ, JR  
 STREET ADDRESS CALLE HABANA NO. 72  
 CITY-ST-ZIP MADRID SPAIN

3.1 TITLE ASS'T S/V/D  Change  Addition  
 3.2 NAME HUSNI R. ABDELHADI  
 3.3 STREET ADDRESS 1825 PONCE DE LEON BLVD  
 3.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ASS'T T/S  DELETE  
 NAME JOSEFINA ZALDIVAR  
 STREET ADDRESS 11255 SW 74 TERRACE  
 CITY-ST-ZIP MIAMI, FL 33173

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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)(l), 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *Rene Dago* SIGNATURE REQUIRED

4/30/99

(305) 774-6636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #