FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

02-20-1999 90167 039 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # **S88066** 1. Corporation Name

M & S REAL HOLDINGS, INC. Principal Place of Business Mailing Address 150 W FLAGLER ST 150 W FLAGLER ST 2200 MUSEUM TOWER 2200 MUSEUM TOWER MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

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City & State

9. Name and Address of Current Registered Agent MENENDEZ, FRANCISCO J. 150 W FLAGLER ST 2200 MUSEUM TOWER MIAMI FL 33130

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Country

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Zip

City & State

4.	FEI Number		Applied For
	65-0290626		Not Applicable
5.	Certifcate 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.		
10.	Name and Address of New R	eaistere	d Agent

Street Address (P.O. Box Number is Not Acceptable)

85 Zip Code 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.

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84 City

Country

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SIGNATURE		
<u></u>	Signature, typed or prin	nted name of registered agent and title if applicable
12.		OFFICERS AND DIRECTORS
TITLE	DP	

AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE Change MENENDEZ, FRANCISCO J 1.2 NAME 150 W FLAGLER ST, #2200 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE Change NAME MENENDEZ, RINA V. 2.2 NAME 2333 BRICKELL AVENUE SUITE 2315 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP

TITLE ☐ DELETE 4.1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change NAME 5.2 NAME

STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE

NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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)(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, th an address, with all other like empowered

☐ Change

CR2E034

☐ Addition

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☐ Addition

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Addition

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