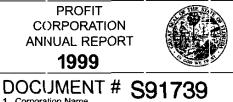
PROFIT CORPORATION ANNUAL REPORT

1999

COMAR DEVELOPMENT CORP.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90109 039 ***150.00



								{{	<u> </u>	U10 1
Principal Place of Business Mailing Address										
1405 W. 39 PLACE 1405 W. 39 PLACE										
HIALEAH FL 33	012	HIALEAH FL 33012				DO NOT WRITE IN THIS SPACE				
						-	Date Incorporated or Qualifed	TE IN TINO	OI NOL	
						3.	11/04/1991			ļ
2 Primainal Di	lace of Business	2a. Mailing Address				-	FEI Number			pplied For
→ '	lace of Business	<u> </u>					65-02:93064			ot Applicable
21	#	26 Suite Apt # etc		_		-	0070230004			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			ecuired
22		City & State				-				
City & State	e	City & State					Election Campaign Financing		•	May Be tc Fees
23	Courtry	28					Trust Fund Contribution			ic rees
Zip	··· /			Country			This corporation owes the cur-	rent year ≀nta	X Yes	[⊒No
24	25	29	30				Personal Property Tax. Name and Address of New I	Penistered /	\sim	
	9. Name and Address of Cu	Irrent Registered Agent		81	Name		Marie and Address of New I	vegistere a x	- yenr	
RUU	RIGUEZ, FRANK			٠.						
	W. 39 PLACE		82			dress (P.	O. Box Number is Not Accept	abie)		
	EAH FL 33012			83						
				84	City				85 Zip	Code
		7.0502 and 607.1508, Florida Statu			,			<u> </u>	H	
agent. I a	m familiar with, and accept the o	State of Florida, Such change was a bligations of, Section 607.0505, Floridagent and title if applicable. (NOT	onda Stati.	ites.	nt signature requ			DATE		
12.	OFFICER	S ANI DIRECTORS	13.			A	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	OF S IN 12
TITLE	PD	☐ DELETE	1.1 TIT	l.E					Change	☐ Addition
NAME	RODRIGUEZ, FRANK		1.2 NA	ME						
STREET ADDRESS	1405 W. 39 PLACE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	HIALEAH FL		1.4 CIT	Y-S1	T-ZIP					
TITLE	7177144110 10 7 1 10	DELETE	2.1 TIT	_					Change	☐ Addition
NAME			2.2 NA	ME						'
STREET ADDRESS				2.3 STREET ADDRESS						·
			1	2 4 CRY-ST-ZIP						
CITY-ST-ZIP TITLE		DELETE	_	3.1 TITLE					Change	Addition
NAME			3 2 NA		1					_
					LYUUDESS					
STREET ADDRESS					F ADDRESS					
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP					Change	Addition
TITLE										ا العدديد
NAME			4. 2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		רון מרוי בדר	4.4 CF		I-ZIP				Change	Addition
TITLE		OELETE	5.1 TIT							L Addition
NAME			52 NA		LADDRESS					
STREET ADDRE 3S					T ADDRESS					
CITY-ST-ZIP			5.4 CIT		T-ZIP				Chance	- Addition
TITLE		☐ DELETE	. 6.1 TIT						Change	Addition
NAME			6.2 NA							
STREET ADDRE 3S					FADDRESS					
CITY-ST-ZIP			6.4 CIT	Y-S1	Γ-ZIP					1

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 recluired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trans